






















NWSSP Audit Committee (Public - Part A)

21 January 2020, 13:45 to 16:00

NWSSP HQ, 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff CF15 7QZ

Agenda

1.	Integrated Medium Term Plan (IMTP) Update (1.45pm - 2.15pm)	30 minutes Information Kelsey Rees-Dykes
2.	STANDARD BUSINESS	
2.1.	Welcome & Opening Remarks (Verbal)	Chair
2.2.	Apologies (Verbal)	Chair
2.3.	Declarations of Interest (Verbal)	Chair
2.4.	Minutes of Meeting Held on 22 October 2019	Chair
	 2.4 DRAFT Minutes of Audit Cttee Part A 22.10.2019.pdf (7 pages)	
2.5.	Matters Arising - Chair	Chair
	 2.5 Matters Arising.pdf (1 pages)	
3.	EXTERNAL AUDIT	
3.1.	Wales Audit Office Audit Arrangements 2020	Gillian Gillett
	 3.1 Wales Audit Office NWSSP 2020 Audit Assurance Arrangements (1685A2020-21).pdf (10 pages)	
3.2.	Wales Audit Office Position Statement	Gillian Gillett
	 3.2 Wales Audit Office NWSSP Position Statement (20200122) .pdf (10 pages)	
4.	INTERNAL AUDIT	
4.1.	Internal Audit Position Statement	James Quance
	 4.1 NWSSP Internal Audit Progress Report January 2020.pdf (10 pages)	
4.2.	Strategic Planning Internal Audit Report	James Quance
	 4.2 NWSSP Strategic Planning Internal Audit Report 2019-20.pdf (18 pages)	

4.3.	Post Payment Verification (PPV) Internal Audit Report		James Quance
	 4.3 NWSSP Post Payment Verification Internal Audit Report.pdf	(17 pages)	
4.4.	Time Recording Internal Audit Report		James Quance
	 4.4 NWSSP Time Recording Internal Audit Report 2019-20.pdf	(14 pages)	
4.5.	Health and Safety Internal Audit Report		James Quance
	 4.5 NWSSP Health and Safety Internal Audit Report 2019-20.pdf.pdf	(21 pages)	
4.6.	Internal Audit Review of Procurement Services Directorate		James Quance
	 4.6 NWSSP Procurement Directorate Review Audit Report.pdf	(27 pages)	
5.	GOVERNANCE, ASSURANCE AND RISK		
5.1.	Governance Matters		Roxann Davies
	 5.1 Governance Matters.pdf	(10 pages)	
5.2.	Tracking of Audit Recommendations		Roxann Davies
	 5.2 Tracking of Audit Recommendations.pdf	(2 pages)	
	 5.2 Appendix A - Summary of Latest Reviews by Service Area 15012020.pdf	(1 pages)	
5.3.	Corporate Risk Register		Peter Stephenson
	 5.3 Corporate Risk Register.pdf	(2 pages)	
	 5.3 Appendix 1 Corporate Risk Register 20200110.pdf	(3 pages)	
5.4.	Implications of Brexit upon Catering & Textiles Work Programme		Romano Provini
	 5.4 Implications of Brexit upon Catering & Textiles Work Programme.pdf	(3 pages)	
6.	COUNTER FRAUD		
6.1.	Counter Fraud Position Statement		
	 6.1 Counter Fraud Position Statement January 2020.pdf	(2 pages)	
	 6.1 Appendix 1 Counter Fraud Position Statement January 2020.pdf	(8 pages)	
6.2.	Counter Fraud Newsletter – January 2020		
	 6.2 Counter Fraud Newsletter January 2020.pdf	(10 pages)	
	 6.2 Counter Fraud Newsletter January 2020 Welsh.pdf	(10 pages)	
7.	FOR INFORMATION		
7.1.	Audit Committee Forward Plan		Information
	 7.1 Audit Committee Forward Plan.pdf	(3 pages)	

7.2.	Audit Committee Effectiveness Tracker	Information
	<div> <div></div> <div>7.2 Audit Committee Effectiveness Review.pdf</div> <div>(2 pages)</div> </div> <div> <div></div> <div>7.2 Appendix 1 NWSSP Audit Committee Effectiveness Action Plan Tracker 2020.xlsx</div> <div>(2 pages)</div> </div>	
7.3.	NWSSP Annual Review 2018-19	Information
	<div> <div></div> <div>7.3 NWSSP Annual Review 2018-19 .pdf</div> <div>(2 pages)</div> </div> <div> <div></div> <div>7.3 Appendix 1 NWSSP Annual Review 2018-2019.pdf</div> <div>(61 pages)</div> </div>	
8.	ANY OTHER BUSINESS (Prior Approval Only)	
8.1.	Meeting Review (Verbal)	Chair
9.	DATE OF NEXT MEETING	
9.1.	Tuesday, 28 April 2020 from 14:00-16:00, NWSSP HQ, Boardroom, Unit 4-5 Charnwood Court, Heol Billingsley, Parc Nantgarw, CF15 7QZ	

VELINDRE UNIVERSITY NHS TRUST AUDIT COMMITTEE FOR NHS WALES SHARED SERVICES PARTNERSHIP

MINUTES OF MEETING HELD TUESDAY 22 OCTOBER 2019
14:00 – 16:00
BOARDROOM, NWSSP HQ, NANTGARW
Part A

ATTENDANCE	DESIGNATION	
INDEPENDENT MEMBERS:		
Martin Veale (Chair)	Chair & Independent Member	
Ray Singh (RS)	Independent Member	
ATTENDANCE	DESIGNATION	ORGANISATION
ATTENDEES:		
Neil Frow (NF)	Managing Director	NWSSP
Margaret Foster (MF)	NWSSP Chair	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Development	NWSSP
Simon Cookson (SC) (From item 5.1)	Director of Audit & Assurance	NWSSP
James Quance (JQ)	Head of Internal Audit	NWSSP
Maria Newbold	Personal Assistant	NWSSP
Craig Greenstock (CG)	Local Counter Fraud Specialist	Cardiff & Vale University Health Board
Nick Lewis (NL) (Item 0.1 only)	IT Security Manager	NWSSP

Item		Action
PRESENTATION		
0.1	Cyber Security Presentation Nick Lewis gave a presentation on Cyber Security to the Committee and it was agreed that the document would be circulated following the meeting. The presentation highlighted that Cyber Security is a high risk for all organisations. NL advised that the National Cyber Security Conference would be held in the Celtic Manor in 2020.	NL/PS

Item		Action
1. STANDARD BUSINESS		
1.1	<p>Welcome and Opening Remarks</p> <p>The Chair welcomed Committee members to the October 2019 Audit Committee meeting.</p> <p>The Chair offered the Committee's thanks for contributions as it was noted that it was Ray Singh and Phil Roberts' last meeting, as they step down as Independent Members from Velindre at the end of their term (31/12/2019 and 29/02/2020), respectively. Adverts have gone out for Independent Members (IM) and the appointment process would begin shortly. It was advised that the new IMs would need to complete an induction before attending any Committee meetings.</p>	PS/RD
1.2	<p>Apologies</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Steve Ham, Chief Executive, Velindre University NHS Trust • Gillian Gillett, Wales Audit Office • Sophie Corbett, Audit Manager, NWSSP • Roxann Davies, Corporate Services Manager, NWSSP • Phil Roberts, Independent Member • Mark Osland, Director of Finance, Velindre 	
1.3	<p>Declarations of Interest</p> <p>No declarations were received.</p>	
1.4	<p>Minutes from Meeting on 9 July 2019</p> <p>The minutes of the meeting held on the 9 July 2019 were AGREED as a true and accurate record of the meeting.</p>	
1.5	<p>Matters Arising from Meeting on 9 July 2019</p> <p>It was noted that all matters arising were completed.</p>	
2. ASSURANCE, RISK AND GOVERNANCE		
2.1	<p>Governance Matters</p> <p>AB presented the update and confirmed that there were no departures from Standing Orders.</p> <p>There were eight items relating to NWSSP contracting activities for the period and there were 33 all Wales procurement activities, with</p>	

Item		Action
	<p>the Committee noting the size of the contracts referred to in the Appendices. The Chair noted that some of the contracts appeared to be included more than once and this will be reviewed.</p> <p>Details of regional stores write offs for the period were set out in the report and it was advised that Cwmbran Stores had transferred to IP5, but these figures were not yet included. Agenda item 6.5 highlighted the total write offs and breakdown for the financial year 2018-19.</p> <p>A number of gifts, hospitality and sponsorship declarations were received, primarily relating to donations for World Mental Health Day Event held in October, which was very successful. CG highlighted that some declarations detailed in the Appendix were approved retrospectively. AB acknowledged that while the rule is that the forms should be completed in advance of the gift or hospitality being received, he had been made aware of these particular requests prior to the forms being received for authorisation.</p>	
2.2	<p>Tracking of Audit Recommendations</p> <p>PS advised that NWSSP had not received any Internal Audit Reports with a limited or no assurance rating. There was one overdue recommendation and 11 not yet due.</p> <p>The overdue recommendation related to the testing of the SQL server and an extension had previously been granted by the Audit Committee. However, we have twice planned to complete the testing required out of hours and this had to be rescheduled due to circumstances outside of our control. The testing has now been planned for the weekend of 8 December 2019 and PS was confident the recommendation would therefore be completed by the January Audit Committee.</p> <p>The Chair stated that it was encouraging that the list of audit recommendations to be implemented was short and that they were monitored on a regular, ongoing basis. PS advised that audit recommendations were also taken to the monthly Senior Management Team meetings.</p>	
2.3	<p>Corporate Risk Register</p> <p>PS advised that there were two existing red risks, as follows:</p> <ol style="list-style-type: none"> 1. NHAIS system – The business case had been approved but awaiting authority from Welsh Government and Velindre. 	

Item		Action
	<p>2. Brexit - IP5 has been set-up and was running effectively, a number of non-stock items have been ordered. We have contacted Health Boards regarding items that they would require in the event of a no-deal and this work remained ongoing.</p> <p>With regards to Brexit more generally, we have completed a comprehensive test of our systems and it was noted that systems were at times, difficult, but amendments have been made and are now running well. We do not think that we need staffing 24/7, but rotas have been created. All issues have been fed back to the ministerial panel and we have an action plan that we are working on at present.</p> <p>PS advised that one new risk has been added onto the Register, this being the Ophthalmic payments system, with the existing system coming to an end in May 2020. However, we were pursuing an in-house option and we remain confident that this will be in place by May.</p> <p>One risk has been removed from the Register and it was noted that a deep-dive of Corporate Risk to refresh the data included would be undertaken at a future informal SMT meeting.</p>	
3. COUNTER FRAUD		
3.1	<p>Counter Fraud Progress Update</p> <p>CG provided an update to the Committee as at 30 September 2019. He stated that 40 days had been undertaken against the current plan and there were two cases under investigation.</p> <p>One of these cases concerns advice apparently given to a claimant by an Advisor in the Student Awards Service. As we currently do not record telephone calls we are unable to dispute the claimant's version of events although the Advisor is adamant that they did not provide the advice stated by the claimant. Recording of future telephone calls is something that we are currently reviewing</p> <p>The Fraud Awareness sessions had been very well received and a Band 4 had recently been appointed within the department to monitor those that are out of compliance.</p>	

3.2	<p>Counter Fraud Newsletter</p> <p>CG stated this had been shared with the Committee and wider NWSSP staff to highlight the Local Counter Fraud Team and what they do. It included guidance to Managers and examples of fraud that had taken place, in addition to contact details and signposting as to where to seek advice.</p> <p>NF stated that we have a Communications Team that can assist with designing newsletters and CG agreed to link in with them, going forward. The Chair enquired as to whether there was scope for an all Wales basis, with the introduction of Counter Fraud branding. AB advised that this would be added to the Counter Fraud Steering Group agenda, for discussion.</p>	AB
4. EXTERNAL AUDIT		
4.1	<p>Wales Audit Office (WAO) Position Statement</p> <p>PS read out an update from GG in her absence.</p> <p><i>"We are working with local audit teams to determine the audit assurances they require for the 2019-20 financial statements. There are unlikely to be any significant changes in requirements from those required in 2018-19 and an update on the audit assurance work programme for 2020 will be provided at the next Audit Committee. Since the last Audit Committee, a number of NHS related national studies have been published that the Committee maybe interested and these are set out in Exhibit 2."</i></p>	
5. INTERNAL AUDIT		
5.1	<p>IR35 Internal Audit Report</p> <p>JQ introduced the Internal Audit Report and stated that IR35 (payment arrangements for off-payroll agency or contract workers) came into force in 2017 and therefore it was good practice to review the process within NWSSP.</p> <p>The findings highlighted achievement of reasonable assurance, with four recommendations for action, with two medium and two low priority. The recommendations made would ensure that we monitor compliance on an ongoing basis. AB agreed to reinforce the importance of IR35 and to share the Audit Report with the SMT.</p>	AB

5.2	<p>Performance Reporting Internal Audit Report</p> <p>JQ introduced the Internal Audit Report and stated that NWSSP had recently appointed a new Business and Performance Manager within Finance and Corporate Services, with the remit of looking after performance reporting and key performance indicators.</p> <p>The findings highlighted achievement of substantial assurance, with one medium recommendation for action, which would strengthen the quality of data reported to the Shared Services Partnership Committee and further align to reporting across NWSSP.</p>	
6. ITEMS FOR INFORMATION		
6.1-6.6	<p>Items For Information</p> <p>The following items were received for Committee information only:</p> <ul style="list-style-type: none"> • e-Board Committee Software Update; • NHS Counter Fraud Authority Guidance for Procurement; • Audit Committee Effectiveness Review and Action Plan; Audit Committee Forward Plan 2020-21; • Review of Stores Write-Offs 2018-19; and • Practice Note: Acceptance, Implementation and Monitoring of Audit Recommendations. <p>The following comments were made on the above:</p> <p>1. Replacement of iBabs – an All Wales Procurement exercise has taken place to provide e-Board Committee Software going forward. Four companies were shortlisted, and AdminControl were the preferred option from both a quality and cost perspective. The system provides unlimited licences so all staff within the organisation can use it.</p> <p>2. Fraud Procurement guides – MV advised that these have emerged at different times; they are very helpful but has concerns as to how they will be communicated. AB stated that they will go to SMT and each Director should look at their relevance to their own service.</p> <p>3. Audit Committee Effectiveness – It was agreed that due to the fact that RD was not present at the meeting that this item should be carried forward to a separate meeting.</p>	

	4. Practice note – While this was considered to be a helpful document, the consensus of the committee was that we are already doing this.	
7. ANY OTHER BUSINESS		
7.1	Any Other Business No further items were raised for discussion during the meeting.	
7.2	Meeting Review The Chair conducted a review of effectiveness of the meeting and the observations of Committee Members were very positive. However, the Chair observed that attendance was low at the meeting and requested that a reminder be issued to reinforce the importance of attending Committee meetings. Further, he felt that despite the agenda being light, the discussions were productive and informative.	PS/RD
DATE OF NEXT MEETING: Tuesday, 22 January 2020 from 14:00-16:00 NWSSP Boardroom HQ, Charnwood Court, Nantgarw		

Actions arising from the meeting held on 22 October 2019			
Item	Responsibility	Description	Status
0.1	RD	Cyber Security Presentation <ul style="list-style-type: none"> Circulate a copy of the PowerPoint presentation given by Nick Lewis at Committee on 22 October 2019 	Complete Circulated following Committee
1.4	RD	Welcome and Opening Remarks <ul style="list-style-type: none"> Prepare an Induction Plan for 2 x newly appointed Independent Members, prior to NWSSP Audit Committee on 21 January 2020 	Complete Induction Session 06/01/2020
2.1	AB / RD	Governance Matters <ul style="list-style-type: none"> Reminder to be issued regarding acceptance and decline of gifts, hospitality and sponsorship 	Complete Addressed at Formal SMT 31/10/2019 and Protocol due for review in 01/2020
2.3	PS	Corporate Risk Register <ul style="list-style-type: none"> Informal Senior Management Team (SMT) to be scheduled to address refresh of Corporate Risk Register 	Complete Addressed at Formal SMT meeting and reviewed monthly for updates
3.2	PS	Counter Fraud Newsletter <ul style="list-style-type: none"> Add Newsletter to the Counter Fraud Steering Group (CFSG) agenda and look to develop an All Wales Counter Fraud Newsletter Seek to obtain assistance with design of Counter Fraud publications from NWSSP Communications Team 	Complete Added to CFSG Agenda and NWSSP Communications Team has designed the Counter Fraud Newsletter
5.1	AB	IR35 Internal Audit Report <ul style="list-style-type: none"> To be taken to the Senior Management Team (SMT), to reinforce importance of IR35 	Complete Addressed at Formal SMT meeting 31/10/2019
N/A	MV / RD	Meeting Review <ul style="list-style-type: none"> Chair to remind Members of the importance of attending Committee meetings. 	Complete



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

2020 Audit Assurance Arrangements – **NHS Wales Shared Services Partnership**

Audit year: 2019-20

Date issued: January 2020

Document reference: 1685A2020-21

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This document was produced by Ann-Marie Harkin, Gillian Gillett, David Burridge and Andrew Strong.

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Summary

- 1 The purpose of this paper is to set out the audit assurance arrangements for external audit in line with the requirements of International Standards of Auditing (UK and Ireland) (ISAs) relevant to services provided by the NHS Wales Shared Services Partnership (NWSSP).
- 2 External audit assurance arrangements need to consider:
 - ISA 315 – identifying and assessing the risks of material misstatement through understanding the entity and its environment;
 - ISA 402 – audit considerations relating to an entity using a service organisation;
 - ISA 500 – audit evidence (relevant to a management expert); and
 - ISA 610 – using the work of internal auditors.
- 3 This paper sets out my proposed work, when it will be undertaken and who will undertake it.

External audit assurance arrangements

- 4 The Velindre University NHS Trust's external audit team and the Wales Audit Office IM&T auditors have agreed arrangements to co-ordinate the work necessary to provide the assurances required by the local audit teams of individual health bodies. Local audit teams decide the work required on the services provided by NWSSP, relevant to their responsibilities for providing an opinion on health body financial statements. They consider whether testing of the key controls within the system, or substantive testing of the figures produced by the system, provides the required assurance in the most efficient way.
- 5 The assurances that local audit teams have requested for the 2019-20 financial statements are set out in **Exhibit 1**. The areas we will be auditing, with a brief description of the audit procedures and proposed dates for the audit visits are detailed in **Appendix 1**.

Exhibit 1: audit assurance arrangements

The table below sets out the content of the audit assurance work programme for 2020

NWSSP managed service	Audit assurance requirements
Understanding the entity and its environment (ISA 315)	
<ul style="list-style-type: none"> • Prescription Pricing System • National Health Application and Infrastructure Services (NHAIS) • Oracle Financial Management System (including OCR invoice scanning) • Oracle ESR Payroll systems administration (user access to payroll elements only) 	<ul style="list-style-type: none"> • Review, document and evaluate the IM&T environment and application controls.
Service organisation (ISA 402)	
<ul style="list-style-type: none"> • Primary Care Services (general medical and general pharmaceutical services) • Employment Services – payroll system • Procurement Services – accounts payables system 	<ul style="list-style-type: none"> • Document financial systems, identify key controls and evaluate the system. • Controls or substantive testing, as determined by local audit teams.
Management expert (ISA 500)	
<ul style="list-style-type: none"> • Legal and Risk Services 	<ul style="list-style-type: none"> • Document an understanding of the services provided. • Evaluate the competence, capability and objectivity of the service provider. • Evaluate the appropriateness of the work (as relevant to the work of the local audit teams).
Internal audit (ISA 610)	
<ul style="list-style-type: none"> • All-Wales 'management arrangements' • Internal audit services provided to individual NHS bodies 	<ul style="list-style-type: none"> • Assessment of compliance with internal audit standards (applicable to overall management of internal audit services across NHS Wales) – which will include regular liaison with the Director of Audit and Assurance. • (Local audit teams may also need to assess compliance with standards relevant to internal audit work at each individual NHS body.)

- 6 The NWSSP manages a number of the national NHS IT applications and infrastructure which are used by other NHS organisations in Wales. The Wales Audit Office IM&T auditors will review the IM&T infrastructure and application controls that are applied to the following systems for the purposes of providing assurances for NHS audit opinions to local audit teams:
- Prescription Pricing System which is used to process prescriptions and calculate reimbursement for pharmacy contractor payments;
 - National Health Application and Infrastructure Services (NHAIS) or Exeter, used for NHS demographics and calculating primary care General Medical Services (GMS) contractor payments;
 - Oracle Financial Management System (FMS), including OCR invoice scanning, used by all of NHS Wales as the main accounting system for managing and producing the NHS accounts; and
 - System administration functions for the payroll elements of the Electronic Staff Record (ESR) payroll system.
- 7 In addition, local audit teams have requested that we review all contracts greater than £1 million to ensure that appropriate approval has been sought from Welsh Government.
- 8 Local audit teams may determine that assurances are required, from other service areas of the NWSSP, during the course of the audit. If such work arises, we will discuss this with the NWSSP management and update the Audit Committee for Shared Services accordingly.

Fee, audit team and timetable

Fee

- 9 This work is being undertaken in order to provide local audit teams with assurance relevant to their responsibilities. The fee for this work will therefore be included in the individual health board and trust fees, as part of their annual audit outlines.

Audit team

- 10 The main members of my local audit team, together with their contact details, are summarised in [Exhibit 2](#).

Exhibit 2: my local audit team

The table below provides details of my local audit team

Name	Role	Contact number	E-mail address
Ann-Marie Harkin	Engagement Lead – Financial Audit	02920 320562	ann-marie.harkin@audit.wales
Gillian Gillett	Financial Audit Manager	02920 829305	gillian.gillett@audit.wales
David Burridge	Financial Audit Lead	02922 677839	david.burridge@audit.wales
Andrew Strong	Information Management & Technology Audit Lead	02920 320587	andrew.strong@audit.wales

Timetable

- 11 The Wales Audit Office IM&T auditors and the Velindre University NHS Trust audit team will issue reports that provide:
 - appropriate assurances for local audit teams, or highlighting areas of concern that need to be addressed, in order for the local audit teams to form an opinion on the financial statements.
 - provide a summary of the work undertaken, together with any matters arising that need to be considered by the NWSSP management. This report will also include any issues relating to NWSSP identified by other Welsh health auditors.
- 12 The assurance reports provided to local audit teams will be reported to the health board or trust's audit committee, where appropriate, as part of the audit of their financial statements. The report to the NWSSP management will be reported to the Velindre University NHS Trust's Audit Committee for Shared Services, and shared with other audit committees, where matters arising affect their local responsibilities. My key milestones for reporting to NWSSP are set out in **Exhibit 3**.

Exhibit 3: timetable

The table below sets out the key milestones for delivering my proposed areas of work

Planned output	Work undertaken	Report finalised
2020 Audit assurance arrangements	December 2019	January 2020
Nationally Hosted NHS IT systems	January - April 2020	June 2020
Management letter	June 2020	July 2020

Appendix 1

Audit areas and proposed timing

Exhibit 4: audit areas and proposed timing

Audit areas	Proposed audit timing	Audit work
Internal audit	February 2020	Review Internal Audits' compliance with Public Sector Internal Audit Standards (PSIAS). Review their annual audit plan and status of their audits.
Payroll	February - April 2020	Update our understanding of the payroll system and identify key controls. Controls testing of exception reports.
General Medical Service South East Wales	January - March 2020	Update our understanding of the general medical service system and identify key controls. Controls testing of global sum payments (capitation lists and patient rates).
General Medical Services West Wales	January - March 2020	Update our understanding of the general medical service system and identify key controls. Controls testing of global sum payments (capitation lists and patient rates).
Pharmacy & Prescribed drugs	January - March 2020	Update our understanding of the pharmacy contract and prescribed drugs. Controls testing of payments to pharmacists (checks undertaken by the Professional Services Team and drug tariff rates).
Accounts Payable & Public Sector Payment Policy	January 2020	Update our understanding of the accounts payable system and undertake any substantive or controls testing as determined by local audit teams. Review the process of how PSPP works in NWSSP.
Procurement	April 2020	Review of contracts awarded with a value greater than £1 million.
Welsh Health Legal	January - March 2020	Assess the competence, capability and objectivity of NWSSP LARS staff (as required by ISA 500). Update our understanding of the systems used to record legal cases, the assumptions and methods used to populate Quantum reports. Test a sample of clinical negligence cases, reviewing the information collated on the Legal and Risk management system.
Nationally Hosted NHS IT systems – IT audit work	January - April 2020	Review our understanding of the general IT controls and identify key controls. Review, document and evaluate the IM&T environment and application controls. Test a sample of IT controls.

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Auditor General for Wales

Audit Position Statement – Velindre University NHS Trust – NHS Wales Shared Services Partnership

Date issued: January 2020

Document reference: APS202001

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Progress update

About this document

- 1 This document provides the Velindre University NHS Trust’s Audit Committee for Shared Services with an update on current and planned Wales Audit Office work, together with information on the Auditor General’s planned programme of NHS-related studies and publications.

Assurance arrangements

- 2 Details of the finalisation of our audit assurance arrangements for 2020 are set out in [Exhibit 1](#).

Exhibit 1: assurance arrangements

Area of work	Current status
Assurance arrangements 2020	Presented to Audit Committee January 2020

Audit update

- 3 The progress of the audit assurance work detailed in our 2020 assurance arrangements report is set out in [Exhibit 2](#).

Exhibit 2: audit work update

Area of work	Scope	Planned timetable	Current status
Audit assurance requirements			
Internal audit	Assess compliance with Public Sector Internal Audit Standards (PSIAS). Review annual audit plan and status of audits.	February 2020	Work planned for February 2020
Payroll	Update or understanding of the payroll system and identify key controls. Controls testing of exception reports.	February – April 2020	Work planned for February – April 2020

Area of work	Scope	Planned timetable	Current status
General Medical Service	Update our understanding of the general medical system and identify key controls. Controls testing of global sum payments (capitation lists and patient rates).	January – March 2020	Work in progress
Pharmacy & Prescribed drugs	Update our understanding of the pharmacy contract and prescribed drugs systems. Controls testing of payments to pharmacists (checks undertaken by the Professional Services Team and drug tariff rates).	January – March 2020	Work in progress
Accounts Payable & Public Sector Payment Policy	Update our understanding of the accounts payable system and undertake any substantive or controls testing as determined by local audit teams. Review the process of how PSPP works in NWSSP	January 2020	Work in progress
Procurement	Review of contracts awarded with a value greater than £1 million	April 2020	Work planned for April 2020
Welsh Health Legal	Assess the competence, capability and objectivity of NWSSP LARS staff (as required by ISA 500) Update our understanding of the systems used to record legal cases, the assumptions and methods used to populate Quantum reports. Test a sample of clinical negligence cases, reviewing the information collated on the Legal and Risk management system.	January – March 2020	Work in progress
Nationally Hosted NHS IT systems – IT audit work	Review our understanding of the general IT controls and identify key controls. Review, document and evaluate the IM&T environment and application controls. Test a sample of IT controls.	January – April 2020	Work in progress
Reporting to NWSSP			
Nationally Hosted NHS IT systems	Summary of work and any matters arising that need to be considered by the NWSSP management	January - April 2020	Report planned for June 2020

Area of work	Scope	Planned timetable	Current status
Manangement letter	Summary of work and any matters arising that need to be considered by the NWSSP management. This report will also include any issues relating to NWSSP identified by other Welsh health auditors.	June 2020	Report planned for July 2020

NHS-related national studies

- 4 The Audit Committee may also be interested in the programme of national value for money studies, some of which focus on the NHS and pan-public-sector topics. These studies are typically funded by the National Assembly and are presented to the National Assembly’s Public Accounts Committee to support its scrutiny of public expenditure.
- 5 **Exhibit 3** provides information on recently published NHS-related or relevant national studies. It also includes all-Wales summaries of work undertaken locally in the NHS. **Exhibit 4** provides information on studies currently underway.

Exhibit 3: NHS-related national studies recently published by the Wales Audit Office

Topic	Details
Progress in implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act	<p>Victims and survivors of domestic abuse and sexual violence are often let down by an inconsistent, complex and fragmented system.</p> <p>We have examined how the new duties and responsibilities of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act are being rolled out and delivered.</p> <p>Published 21 November 2019</p> <p>http://www.audit.wales/publication/progress-implementing-violence-against-women-domestic-abuse-and-sexual-violence-act</p>
Primary care services in Wales	<p>Primary care encompasses a wide range of services, delivered in the community by GPs, pharmacists, dentists, optometrists, as well as other professionals from the health, social care and voluntary sectors.</p> <p>This report focuses on the main issues and areas of progress found in primary care services in Wales on a national-level. While the NHS and Welsh Government are taking a range of steps to strengthen primary care, change needs to happen at greater pace and scale to tackle longstanding challenges and ensure sustainability of these vital services.</p> <p>Published 22 October 2019</p> <p>http://www.audit.wales/publication/primary-care-services-wales</p>

Exhibit 4: NHS-related national studies currently underway by the Wales Audit Office

Topic	Anticipated publication date
NHS Waiting Times – follow-up	Report to be published 2020
Quality governance arrangements in NHS bodies	Report to be published 2020
Collaborative arrangements for managing local public health resources	Report to be published 2020

Good practice

- 6 In addition to the audit work set out above, we continue to seek opportunities for finding and sharing good practice from all-Wales audit work through our forward planning, programme design and good practice research. Our Good Practice Exchange team also facilitates a programme of shared learning events. [Exhibit 5](#) provides information on events, further details can be found on the [Good Practice Exchange section on the Wales Audit Office website](#).

Exhibit 5: Upcoming events from the Good Practice Exchange

Event	Details
Accountability and governance in partnership services	<p>More information not available yet, however, the link below will be updated in due course.</p> <p>13 Feb 2020: 9.00 - 13.00, Cardiff, venue to be confirmed</p> <p>27 Feb 2020: 9.00 - 13.00, Llanrwst, venue to be confirmed</p> <p>http://www.audit.wales/events/accountability-and-governance-partnership-services</p>
Adverse Childhood Experiences – alternative delivery models	<p>More information not available yet, however, the link below will be updated in due course.</p> <p>19 March 2020: 9.00 - 13.00, Cardiff, venue to be confirmed</p> <p>26 March 2020: 9.00 - 13.00, Llanrwst, venue to be confirmed</p> <p>http://www.audit.wales/events/adverse-childhood-experiences-alternative-delivery-models</p>
Violence against women, domestic abuse and sexual violence	<p>More information not available yet, however, the link below will be updated in due course.</p> <p>23 April 2020: 9.00 - 13.00, Cardiff, venue to be confirmed</p> <p>30 April 2020: 9.00 - 13.00, Lanrwst, venue to be confirmed</p> <p>http://www.audit.wales/events/violence-against-women-domestic-abuse-and-sexual-violence</p>

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NHS Wales Shared Services Partnership

Audit Committee

21 January 2020

Internal Audit Progress Report

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1. INTRODUCTION

The purpose of this report is to highlight progress of the 2019/20 Internal Audit Plan at 15 January 2020 to the Audit Committee, together with an overview of other activity undertaken since the previous meeting.

2. PROGRESS AGAINST THE 2019/20 INTERNAL AUDIT PLAN

Number of audits in plan	20
Of which:	
Number of audits reported as final	7
Number of audits at draft report stage	1
Number of audits in progress	9

Progress in respect of each of the reviews in the 2019/20 Internal Audit Plan is summarised at Appendix A.

The audit of IT Virtualisation has been carried forward from 2018/19 as a result of ongoing delays due to operational pressures in the IT team due to sickness absences which have continued to present a challenge regarding scheduling of this review. We have been informed that an internal review of IT services is being undertaken and, taking this into account, we do not propose to complete this audit this year.

We have reviewed the risk profile regarding IT and we propose a review of cyber security arrangements including progress against the cyber security action plan. This approach links closely with the NWSSP risk register.

3. ENGAGEMENT

The following meetings have been held/attended during the reporting period:

- Information Governance Steering Group
- Finance Academy P2P Group
- Audit scoping and debrief meetings
- Liaison meetings with senior management

4. RECOMMENDATION

The Audit Committee is invited to note the above and is asked to accept the change to the plan regarding IT audits noted above.

2019/20 Internal Audit Plan




Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
AUDITS FOR BOTH NWSSP AND INDIVIDUAL HEALTH BOARDS / TRUSTS								
PRIMARY CARE SERVICES								
General Medical Services (GMS)		Work in Progress						Scheduled for April
General Dental Services (GDS)		Work in Progress						Scheduled for April
General Ophthalmic Services (GOS)		Work in Progress						Scheduled for April
General Pharmaceutical Services (including Prescribing)		Work in Progress						Scheduled for April
Post Payment Verification (PPV)	1	Final	Substantial	-	1	1	-	
EMPLOYMENT SERVICES								
Payroll Services		Work in Progress						Scheduled for April


Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
PROCUREMENT SERVICES								
Purchase to Pay (P2P)		Work in Progress						Scheduled for April
AUDITS FOR NWSSP								
FINANCE & CORPORATE SERVICES								
IR35	9	Final	Reasonable	-	2	2	-	
Health and Safety	2	Final	Reasonable	1	1	3	-	
Performance Reporting	7	Final	Substantial	-	2	-	-	
Budgetary Control & Financial Reporting								Scheduled for April
Salary Sacrifice								Scheduled for April
Strategic Planning	39	Final	Reasonable	-	2	-	-	
PROCUREMENT SERVICES								
Procurement Directorate Review	2	Final	Reasonable	-	3	2	-	
Stores		Work in Progress						Scheduled for April

Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
WORKFORCE & ORGANISATION DEVELOPMENT								
Time Recording	2	Final	Substantial	-	1	-	-	
Staff Expenses		Work in Progress						Scheduled for April
IT								
Cyber Security		Scoping						Scheduled for April
CAPITAL & ESTATES								
Property Management		Work in progress						Scheduled for April
ADVISORY REVIEWS AND RISK AREAS TO BE MONITORED								
Contact Centres (advisory)		Draft Report						Scheduled for April
Primary Care Payments System								Monitoring
Service Change								Monitoring

Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
PROJECT MANAGEMENT GROUPS								
WfIS Programme Board: H2R	Ongoing			To sit on Project Board to provide advice on internal controls				
IT Steering Group	Ongoing			To sit on Project Board to provide advice on internal controls				
Information Governance Steering Group	Ongoing			To sit on Project Board to provide advice on internal controls				
Finance Academy P2P Group	Ongoing			To sit on Project Board to provide advice on internal controls				
Audit Tracker Register	Ongoing			Consider the development of audit recommendation tracker functionality within Teammate				
AUDIT MANAGEMENT & REPORTING								
Audit Management & Reporting	Ongoing							

For Reference: The assurance ratings are defined as follows:

Assurance rating	Assessment rationale	Guide to Rating
	The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.	Few matters arising and are compliance or advisory in nature. No issues about design of policies or procedures or controls. Any identified compliance (O) issues are restricted to a single control objective or risk area rather than more widespread. No high priority audit findings. Few Low or Medium priority findings. Even when taken together any issues have low impact on residual risk exposure even if remaining unresolved.
	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.	Some matters require management attention in either control design or operational compliance. Any control design (D) limitations are isolated to a single control objective or risk area rather than more widespread. However compliance issues (O) may present in more than one area. Typically High priority findings are rare; but/or some Low or Medium priority findings. Even when taken together these will have low to moderate impact on residual risk exposure until resolved.
	The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.	More significant audit matters require management attention either in materiality or number. Control design limitations (D) may impact more than one control objective or risk area. Compliance issues (O) may be more widespread indicating non-compliance irrespective of control design. Typically some high priority audit findings have been identified and these are not isolated; and/or several Medium or Low audit findings. Either individually or when taken together these are significant audit matters with moderate impact on residual risk exposure until resolved.

Assurance rating	Assessment rationale	Guide to Rating
	<p>The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.</p>	<p>Significant audit matters require management attention both in terms of materiality and number.</p> <p>Control design limitations (D) impact the majority of control objectives or risk areas. Alternatively compliance issues (O) are widespread indicating wholesale non-compliance irrespective of control design.</p> <p>Several high priority audit findings have been identified in a number of areas; and/or several Medium audit findings.</p> <p>Either individually or when taken together these are significant audit matters with moderate impact on residual risk exposure until resolved.</p>

For Reference: The priority of the findings and recommendations are as follows:

<p>High</p> <p>Poor key control design OR widespread non-compliance with key control</p> <p>PLUS</p> <p>Significant risk to achievement of a system objective OR evidence present of material loss, error or mis-statement</p> <p>Timescale for action- Immediate</p>	<p>Medium</p> <p>Minor weakness in control design OR limited non-compliance with control</p> <p>PLUS</p> <p>Some risk to achievement of a system objective</p> <p>Timescale for action- Within one month</p>	<p>Low</p> <p>Potential to enhance design of adequate systems further</p> <p>OR</p> <p>Isolated instances of non-compliance with control with negligible consequences</p> <p>Timescale for action- Within three months</p>
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Strategic Planning

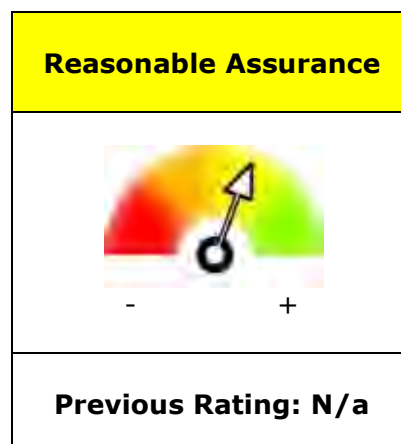
Final Internal Audit Report

2019/20

NHS Wales Shared Services Partnership

Audit and Assurance Services

Private and Confidential



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Review reference:	NWSSP-1920-13
Report status:	Draft
Fieldwork commencement:	6 th September 2019
Draft report issued:	10 th October 2019
Management response received:	4 th December 2019
Final report issued:	10 th December 2019
Auditors:	James Quance, Head of Internal Audit Stephen Chaney, Deputy Head of Internal Audit Chris Scott, Internal Audit Manager
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Distribution:	Alison Ramsey, Deputy Director of Finance Dave Hopkins, Director of Primary Care Services Neil Davies, Director of Estates Anne-Louise Ferguson, Director/Managing Solicitor
Committee:	Velindre NHS Trust Audit Committee for NWSSP



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENTS

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of Strategic Planning within NHS Wales Shared Services Partnership (NWSSP) was completed in line with the agreed 2019/20 Internal Audit Plan.

A strategic planning process is a systematic, formally documented way of deciding the key decisions that an organisation, viewed as a corporate whole, must get right in order to expand and develop over the next few years. Well designed and effectively facilitated corporate planning processes will produce practical corporate strategic plans. Strategic plans in NHS Wales health bodies are recorded in their Integrated Medium Term Plan (IMTP). This plan provides a framework for the delivery of high quality, timely and effective services over the next three years in line with both local and national strategic priorities.

1.2 Scope and Objectives

The overall objective of this audit was to review the strategic planning arrangements in place for the production of the IMTP, including engagement with stakeholders.

The audit achieved this through the following approach:

- i) by evaluating and determining the adequacy of the systems and controls in place over the strategic planning activity of NWSSP; and
- ii) undertaking a review of the process for developing actions (delivery projects) to support the delivery of the six key themes within the IMTP.

In particular, we sought to ensure that:

Part A – IMTP Process

- engagement with partners and customers of NWSSP was completed during the development of the IMTP;
- an appropriate process is in place for developing actions to support the delivery of the IMTP and meeting the requirements of stakeholders;
- the process adopted is consistent with Welsh Government requirements, including key legislation - e.g. Welsh Government

Health and Social Care Plan 'A Healthier Wales' and the Well-being of Future Generations Act;

Part B – Divisional Review

- the process for determining the actions / delivery projects within divisions to support delivery of the IMTP is appropriate and details how:
 - the expected benefits are determined for the benefit of stakeholders and clients, including quality, efficiency, financial improvements and increased resilience;
 - key milestones will be achieved (linked to resourcing and benefits identification);
 - risks associated with the delivery of the action(s) are mitigated;
 - resource allocations (financial and non-financial) to support delivery of the action(s) are calculated; and
- each action / delivery project is project managed, with regular monitoring of deliverables and escalation and communication to stakeholders, partners and customers taking place if delivery falls behind schedule.

The audit selected a sample of divisions (Primary Care Services, Legal and Risk and Specialist Estates Services) to determine if the above objectives were embedded, with supporting plans and documentation.

1.3 Associated Risks

The risks considered in the review were as follows:


- stakeholder and/or client satisfaction decreases due to the lack of engagement when developing strategic plans;
- the planning process does not identify threats to the delivery of the plans or associated risks;
- the organisation's strategic plans are not delivered; and
- the plans do not achieve the desired benefits to stakeholders/clients.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Strategic Planning is **Reasonable Assurance**.





RATING	INDICATOR	DEFINITION
Reasonable		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary

The summary of assurance given against the individual review areas is described in the table below:

Assurance Summary					
1	Engagement with partners and customers				✓
2	Developing the IMTP deliverables			✓	

Assurance Summary					
3	IMTP compliance with Welsh Government requirements				✓
4	Management and monitoring of IMTP deliverables			✓	

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

2.3 Design of Systems/Controls

The findings from the review have highlighted one issue that is classified as a weakness in the system/control design for Strategic Planning. This is denoted in the management action plan as (D).

2.4 Operation of System/Controls

The findings from the review have highlighted one issue that is classified as a weakness in the operation of the designed system/control for Strategic Planning. This is denoted in the management action plan as (O).

3. FINDINGS & RECOMMENDATIONS

3.1 Summary of Audit Findings

The key findings by the individual objectives are reported in the section below with full details of findings in Appendix A:

Engagement with Partners and Customers

The divisions / service areas are required to record the involvement and engagement with stakeholders in preparing their divisional plans, and in particular, how they are supporting population health and patient care. We assessed the way in which a sample of divisions had recorded stakeholder engagement and tested examples listed in the IMTP to obtain further details. We noted the scope and diversity of stakeholders these lists covered and examined a sample of three engagement entries for each of the three divisions sampled. There were no issues identified.

Developing the IMTP Deliverables

Whilst the divisions offer differing services, their deliverables are developed in collaboration with key stakeholders, comprise programmes of work and projects that support the wider NHS Wales agenda. We examined three 2019 – 20 deliverables from each of the divisions sampled. These were diverse and included a mixture of responses to development initiatives, Welsh Government priorities and the progression of existing projects. In all cases examined, these were developed by divisional staff, approved by divisional Senior Management Team and ratified by the NWSSP Senior Management Team.

IMTP Compliance with Welsh Government Requirements

We reviewed the NWSSP IMTP 2019 -22 content against the high-level specification in the published Welsh Government guidance. We identified a good degree of compliance with the generic NHS Wales and bespoke NWSSP requirements. In particular, we confirmed that the document addressed the following key requirements:

- supporting the ‘Once for Wales’ initiative;
- addressing ‘A Healthier Wales’, ‘Wellbeing of Future Generations’ and ‘Social Services & Well-being’ Acts;
- monitoring and reporting of delivery progress to the Welsh Government; and
- reporting divisional performance under a range of tailored KPIs.

Management and Monitoring of IMTP Deliverables

We tested three 2019 – 20 deliverables from each of the divisions sampled (see table below) by examining how they had addressed and managed;

- benefits of the initiative;
- delivery timeline;
- resources to deliver;
- risks and threats; and
- management oversight.

Primary Care Services	Legal & Risk	Specialist Estates Services
GOS data warehouse	GP indemnity project	Develop a scrutiny function to adapt to the demands of NHS Wales’ new revenue funded investment model, Mutual Investment Model (MIM)

ETC Electronic transfer of claims	Once for Wales project	SES resources required in 2019/20 to support the development of The Grange Hospital
PMR Patient Medical Records	Improve learning from events and management concerns	Annual verification service for NHS dental washer disinfectors

Table 1. Sample of 2019 – 20 IMTP deliverables from divisional plans selected for testing

Benefits of the initiative

We noted that IMTP deliverables associated with All-Wales led initiatives or derived from a strategic decision identified in the IMTP do not all have a business case. However, each IMTP initiative is reviewed and evaluated by divisional management and ratified by the Senior Management Team and initiatives are managed as projects only where scale or complexity warrants.

Benefits were described in all sample cases being managed as projects, but there were no benefit realisation plans / models in place, setting out how each benefit is to be achieved. As a result, there is a risk that the projects will not achieve the maximum benefit value and / or utilise resources inefficiently. This has been raised as **Recommendation 1** within Appendix A.

Delivery timeline/ milestones and whether these have been achieved/ are on target

Delivery target dates are set for all divisional IMTP deliverables tested and, a review of progress reports indicated that all cases were either delivered or reporting green status, with the exception of the GOS Data Warehouse and Patient Medical Records (PMR) projects, which taking into account all risks and threats they face, are currently reporting amber. Whilst there are some challenges that are being reported, for example, the PMR project is addressing problems with a potential resource deficit, examination of the other projects sampled found that the status ratings are reflective of their current position.

Resources required for IMTP deliverables and whether these have been secured

Divisions reported that, where resources were required to deliver the IMTP deliverables sampled they had been secured. The only exception was for Primary Care Services and the Patient Medical Records (PMR) store and

scan on demand programme where the resource deficit is threatening the project delivery timeline.

Evidence of consideration of risks/ threats and ongoing risk management

Major risks associated with the IMTP deliverables are recorded within the division's risk registers and where these are being delivered as projects, risks for the most significant projects are managed through the NWSSP Project Risk Register (smaller projects are captured on the division's local risk registers). Where risks are recorded in the appropriate register, these are reviewed monthly at the Senior Management Team meetings within each division.

However, in two of the cases sampled, deliverable risks were not recorded within a register and we were unable to establish the extent of effective risk management in these cases. This has been raised as

Recommendation 2 within Appendix A.

Management oversight of division's IMTP deliverables

Divisions are tasked with quarterly reporting of the delivery of their IMTP to the NWSSP Senior Management Team. Reports are delivered on a standard presentation format template and a review of the Q1 2019 – 20 reports and action logs for the divisions sampled confirmed that the process is operating as intended.

3.2 Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	-	2	-	2


Finding 1 IMTP deliverables - benefit realisation models (D)	Risk
<p>Whilst IMTP deliverables are in some cases supported by business cases, these do not include benefit realisation plans and consequently it is not possible to assess how effective these workstreams may be and how accurately these assessments will measure the benefits actually achieved.</p> <p>Some projects examined from the 2019 – 2022 IMTP are not yet at benefits delivery stage. However, good practice promotes the inclusion of benefit realisation plans / models in project business case documentation, to fully understand how the project benefits will be achieved. Without these plans, benefits may still be achieved, but not to the maximum effect or value. In addition, it will increase the difficulty of comparing the merits of individual projects when determining which to proceed with.</p>	<p>Risk that business cases overstate or fail to identify the business benefits of the deliverable projects, resulting in wasted resources.</p> <p>Inefficient use / allocation of resources.</p>
Recommendation 1	Priority level
<p>We recommend that full consideration is given to ensuring that either benefit realisation models or expected outcomes are included in the development of IMTP deliverables, depending upon the scale and complexity of the deliverable.</p>	<p>Medium</p>

Management Response 1	Responsible Officer/ Deadline
<p>During 2019/20 we have strengthened our Quarterly Performance Review meetings. We now use the IMTP deliverables as an outline agenda for discussions with all Divisions on progress with their plans. We ask them to RAG rate progress.</p> <p>As part of our learning process, one of the outcomes is recognition that there is more that we can do to make the objectives in the IMTP SMARTer, and to tighten up on the end goal and how we will measure the impact of what we plan to do. We have also reviewed our KPIs during our quarterly review meetings and are making changes to these for our 2020-2023 IMTP.</p> <p>Those IMTP deliverables that involve the Programme Management Office (PMO) and those IMTP deliverables that are supported by a 5 Case Model approach will usually have a benefits realisation model. Other less complex IMTP deliverables, would not proportionately require a benefits realisation model, but there should always be either a qualitative or quantities indicator of the impact we are seeking to deliver.</p>	<p>All Division leads/for 2020-2023 IMTP onwards</p>


Finding 2 IMTP deliverables – Risk Management (O)	Risk
We noted that for two IMTP deliverables from nine examined (PMR project – PCS and dental washer disinfectors – SES) that risks were not recorded in risk registers or logs and that as a result, we were unable to establish the extent of effective risk management in these cases.	Risk that threats to IMTP deliverables are not identified and mitigated.
Recommendation 2	Priority level
We recommend that, prior to project approval, risks to delivery of IMTP deliverables are recorded within risk registers and are subjected to regular review.	Medium
Management Response 2	Responsible Officer/ Deadline
<p>An assessment of risk is carried out as part of the IMTP planning process.</p> <p>We have also incorporated the Division risk registers into the Quarterly Performance Review process for 2019/20.</p> <p>All Divisions should consider whether these individual risks need to be included on the division level risk register, or will be monitored through separate task and finish/project group or programme arrangements. The consideration should be</p>	All Division leads/For 2020-23 IMTP onwards


recorded at local SMT meetings so there is no ambiguity as to who has responsibility for managing the risk.

Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

Confidentiality

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The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

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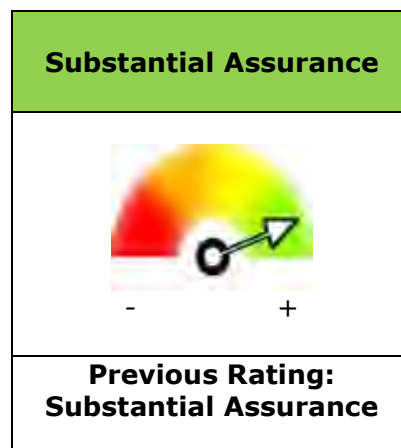
Post Payment Verification (PPV)

Final Internal Audit Report

2019/20

NHS Wales Shared Services Partnership

Audit and Assurance Services



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NWSSP



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENTS

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of the process for Post Payment Verification (PPV) within NHS Wales Shared Services Partnership (NWSSP) was completed in line with the 2019/20 Internal Audit Plan.

The Primary Care Services (PCS) division is responsible for undertaking PPV duties on behalf of health boards across Wales.

The purpose of the PPV process is to check a sample of claims made by primary care contractors to ensure that they are correct and in accordance with the Statement of Financial Entitlement (SFE) and Welsh Government service specifications. PPV teams undertake checks within General Medical Services, General Ophthalmic Services and Community Pharmacy.

The audit sought to provide assurance to the Velindre NHS Trust Audit Committee for NWSSP that the arrangements in place for Post Payment Verification (PPV) are robust.

1.2 Scope and Objectives

The overall objective of this audit was to review the effectiveness of PPV arrangements in respect of primary care contractors.

The following objectives were reviewed:

- to ensure that the guidance / process established for post payment verification checks is appropriate for each of the following:
 - a suitable sampling methodology, including the formulation of the plan of visits;
 - a review of the contractor's internal control system;
 - assessment and testing of evidence supplied to validate the service provided to patients;
 - safeguards to protect confidentiality and the disclosure of information;
 - a reporting process to the contractor;
 - the management of recovery actions where it is confirmed that erroneous claims have been processed for payment;

- to check compliance with the above guidance / process for a sample of contractors visited;
- to ensure that applicable information is shared with Local Counter Fraud Services in a timely manner;
- to ensure appropriate feedback and reporting arrangements to the Health Board are in place; and
- to ensure that value for money from the operation of the PPV process is regularly reviewed.

1.3 Associated Risks

The risks considered in the review are as follows:


- non-compliance with established guidance which may lead to unreliable outcomes following review;
- unsubstantiated costs are incurred;
- risks to NWSSP are not adequately reported in a timely manner which may lead to oversights in terms of overpayments and/ or fraud; and
- value for money is not achieved.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the process for Post Payment Verification (PPV) is **Substantial Assurance**.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary

The summary of assurance given against the individual review areas is described in the table below:

Assurance Summary					
1	Compliance with PPV Guidance/ Process			✓	
2	Links with Counter Fraud				✓
3	Reporting				✓
4	Value for Money				✓

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

2.3 Design of Systems/Controls

The findings from the review have highlighted one issue that would be classified as a weakness in the system/control design for post payment verification. This is identified in the management action plan as (D).

2.4 Operation of System/Controls

The findings from the review have highlighted one issue that is classified as a weakness in the operation of the designed system/ control for post payment verification. This is identified in the management action plan as (O).

3. FINDINGS & RECOMMENDATIONS

3.1 Summary of Audit Findings

The key findings by the individual objectives are reported in the section below with full details in Appendix A:

Compliance with PPV Guidance/ Process

Protocols outlining the process for post payment verification (PPV) of general ophthalmic, general medical and community pharmacy services are in operation within NWSSP. In summary, the PPV Team aims to undertake routine visits of each optician, pharmacy and GP surgery at least once within a 3 year cycle to check the validity of a sample of claims. Should error claim rates from these visits exceed the 10% acceptable threshold, a re-visit is required to be planned within 12 months of the original routine visit in accordance with the PPV Protocols.

We tested a sample of 10 opticians, 10 GP surgeries and 10 pharmacies that had been visited by PPV. We generally found compliance with the PPV protocols, except for one instance where a report had not been issued to the practice by PPV within the required 28 days. However, there were mitigating circumstances contributing to the failure to meet the required 28 day performance indicator as there was a change in Practice Manager during the period within which the review was undertaken.

We included 10 're-visits' within our sample for further testing. We found that three of the re-visits had not been arranged within the 12 month period since the initial routine visits had been completed, contrary to the requirements of the PPV Protocols. See **recommendation one** for further details.

In addition, we found that the outcome from 6 of the 10 re-visits still exceeded the 10% error claim rate threshold. The PPV Protocols do not define what should happen when a re-visit results in a subsequent breach

of the acceptable 10% error claim rate threshold. Please refer to **recommendation two** for further details.

Links with Counter Fraud

The Counter Fraud Steering Group meets on a quarterly basis and provides strategic oversight and review of the Counter Fraud Service, which includes reviewing outcomes from PPV (post payment verification) reviews on occasion.

There is regular liaison between the Counter Fraud Service and the Post Payment Verification Team. On a national basis, Counter Fraud and the Post Payment Verification Team meet bi-annually.

On a local basis, Local Counter Fraud Services is routinely copied into all PPV reports following routine visits and re-visits in accordance with the Joint Working Protocol between Local Counter Fraud Specialists, NHS Wales Shared Services Partnership, Primary Care Services and the PPV Team. Meetings with PPV managers tend to be ad-hoc, however the All Wales PPV Manager is looking to arrange formal quarterly meetings with all of the Health Boards involving PPV, Counter Fraud, Finance and Primary Care. We were advised that these formal quarterly meetings are expected to commence early 2020.

Reporting

The PPV (post payment verification) team reports to the individual contractor (optician/ GP/ pharmacist) following every routine visit or re-visit. A written report is provided within 28 days of the commencement of the visit to feedback administrative errors and erroneous claims found. The report includes actions to be undertaken to address the errors and to recover the erroneous claims.

As noted above, from our testing of a sample of 30 visits, we found one instance where a reports had not been issued to the Practice by PPV within the required 28 days. (However we accepted that this constituted a minor indiscretion and there were contributing factors for the failure to meet the required 28 day performance indicator).

Value for Money

The PPV (post payment verification) Team regularly liaises with Health Boards to discuss issues resulting from PPV visits with contractors within their localities. Recently the 'Project Betsi' pilot has been rolled out, where a sample of patients for selected contractors were contacted to confirm whether or not they had received the services that the contractor had claimed for. It was evident that there were varying levels of commitment from one Health Board to the next. Betsi Cadwaladr University Health Board (where the pilot was tested) was on board and had completed the pilot. At the time of reporting, four health boards had signed up to the process, Cwm Taf Morgannwg University Health Board had declined to be involved in the project but would be given another option to buy-in to the scheme in the future, and the PPV Team were awaiting responses from the remaining two health boards.

Similarly, the PPV Team is introducing a system called Tableau which can map data and highlight trends based on information resulting from PPV visits. However, despite the fact that the PPV team approached local health boards, there was limited engagement back. The PPV team has suggested running workshops to encourage 'buy in' by the health boards. Endorsement of the benefits of utilising the Tableau systems has been provided by both Welsh Government and Counter Fraud.

Work has also been undertaken with the analyst to review the process for diabetes within enhance services checks. As part of the process, resources were evaluated against the time taken to check the claims and the amount of errors found. Following liaison with the heads of primary care and GPC Wales nationally, this led to the decision to remove the service from the PPV checks; which will allow the PPV Team the opportunity to venture into new services with a pilot forthcoming in January 2020.

In addition, an analyst was in the process of collating a data warehouse of every general ophthalmic, general medical and community pharmacy services contractor. The database will confirm the dates of visits, the error claim rates, the administrative claim rates etc. Once completed, this database will enable a more effective means of identifying trends and will highlight claim error rates for each contractor which will allow for effective risk assessment of contractors to facilitate plans for re-visits and referrals to counter fraud where needed.

The development of the data warehouse alongside a list of visits and subsequent analysis of practice performance will allow for a more effective analysis of where the PPV Team needs to focus its efforts to ensure that those practices that have a high frequency of erroneous and unsubstantiated claims are adequately investigated.

3.2 Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable. A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	1	1	2

Finding 1 – Re-visits (O)	Risk
<p>We tested evidence from 30 visits (from a range of all the Health Boards covering 10 opticians, 10 GP surgeries and 10 community pharmacies). We found no significant issues in respect of the 20 'routine visits' that we reviewed. Of the 30 visits we reviewed, 10 were re-visits. (A re-visit is scheduled if during a routine visit a claim error rate of 10% or more has been reached in accordance with the requirements of the post payment verification (PPV) protocol).</p> <p>From the 10 re-visits reviewed, we found that three of them had not been arranged within 12 months of the routine visit, contrary to the requirements of the PPV Protocols.</p>	<p>Value for money is not achieved as the Health Board may be paying for erroneous or unsubstantiated claims.</p>
Recommendation 1	Priority level
<p>The PPV Team shall ensure that it arranges re-visits within 12 months of the routine visits in accordance with the PPV Protocol.</p>	<p>Low</p>
Management Response 1	Responsible Officer/ Deadline
<p>The protocol outlines a requirement to arrange PPV re-visits within 12 months of closure of the original file. Whilst the team continually endeavour to ensure this happens, on occasion, we have missed the parameter for the files as part of this review. The teams have been reminded of the importance of this aspect of the protocol and will ensure this is adhered to completely.</p>	<p>All Wales PPV Manager and 3 x PPV Location Managers/ Ongoing</p>

Finding 2 – Re-visits (D)	Risk
<p>As noted above, we tested evidence from 20 'routine visits' and 10 're-visits'. We found no significant issues in respect of the 20 'routine visits' that we reviewed. From our testing of 10 re-visits we found that 6 of the 10 re-visits still exceeded the 10% error claim rate threshold. However we noted that the protocols do not define what should happen when a re-visit results in a subsequent breach of the acceptable 10% error claim threshold. We were advised that this does not necessarily trigger another re-visit within 12 months, and so practices falling within this category may not be reviewed for another three years.</p>	<p>Value for money is not achieved as the Health Board may be paying for erroneous or unsubstantiated claims.</p>
Recommendation 2	Priority level
<p>The PPV Protocol will outline what the process is for practices that continue to exceed the 10% error claim rate threshold following a re-visit and what is required of the Health Boards.</p>	<p>Medium</p>
Management Response 2	Responsible Officer/ Deadline
<p>We do not have a parameter or control over the process following a high error rate in the revisits. However, we have inserted a box into our reports to highlight to Primary Care, Finance and Counter Fraud (example in all Excel reports for the revisits that I shared) where contractors have improved processes between a routine and a revisit. We have also installed quarterly meetings with Primary</p>	<p>Primary Care colleagues/ January 2020</p>

Care, Finance and Counter Fraud to discuss contractor PPV results and the “next steps” for who should be putting measures in place to correct any misclaiming. This can result in Primary Care communication/training to the contractor, it could result in PPV giving the contractors one to one training or could even result in communication from Counter Fraud dependant on the number of poor reports from a contractor.

Audit Assurance Ratings



Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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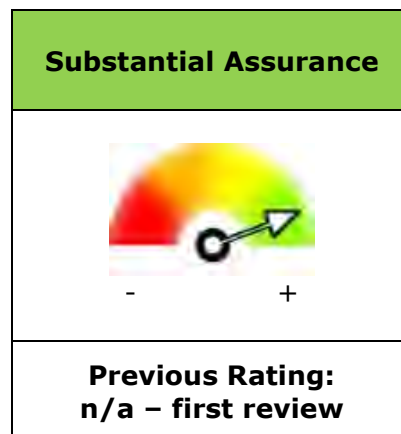
Time Recording

Final Internal Audit Report

2019 / 20

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Appendix A	Management Action Plan
Appendix B	Assurance opinion and action plan risk rating
Appendix C	Responsibility Statement
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Fieldwork completion:	4 th October 2019
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Auditor/s:	James Quance, Head of Internal Audit Stephen Chaney, Deputy Head of Internal Audit Julian Creed, Principal Auditor
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Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

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1. Introduction and Background

A review of time recording within NHS Wales Shared Services Partnership (NWSSP) was completed in line with the 2019/20 Internal Audit Plan.

There are approximately 2,000 employees working for NWSSP across multiple divisions and professions. Time recording is used to maintain a total of working hours completed for each employee. In some teams, this may be used to accrue flexi-time or to document overtime worked, but also to maintain a record for staff operating under different working patterns e.g. annualised hours. Time recording is completed by each team, under a variety of methods, from manual spreadsheets to 'clocking-in' by swipe card.

The audit sought to provide assurance that time recording processes within NWSSP are adequate and effectively managed, and ensure compliance with key workforce policies.

2. Scope and Objectives

The internal audit sought to assess the adequacy and effectiveness of internal controls in operation. Any weaknesses will then be brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence.

The main areas reviewed were:

- to ensure that records used for time recording are completed promptly by staff, reviewed by line managers, queries processed in a timely manner;
- to ensure the system / process utilised by the team is fit for purpose and secure e.g. administrator access only for processing changes or updating formulae;
- to confirm that the time recording processes in place are consistent with workforce policies, including (but not limited to):
 - Flexible Working Policy;
 - Flexi-time Protocol;
 - Managing Attendance at Work Policy; and
 - Annual Leave and Bank Holiday Policy.

The audit reviewed the time recording and reporting processes for the Accounts Payable & E-enablement functions at Companies House in Cardiff (Finance division and the Legal & Risk division). The Accounts Payable and E-enablement function utilises an automated clocking in system with swipe card. The Legal & Risk division operates a time recording database based on employees logging into/out of the legal case system. We obtained and

reviewed time recording data for the period 1st April 2019 to 31st August 2019.

3. Associated Risks

The risks considered in the review are as follows:


- inaccurate time records of individual employees;
- fraudulent time recording goes unrecognised; and
- incorrect annual or flexi leave is taken by staff members.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with establishment controls within the Time Recording process is **Substantial** assurance.

RATING	INDICATOR	DEFINITION
Substantial		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Time Recording			✓	
2	System Admin				✓
3	Governance			✓	

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as a weakness in the system control/design for the time recording processes.

Operation of System/Controls

The findings from the review have highlighted one issue that is classified as a weakness in the operation of the designed system/control for the time recording processes.

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan.

To summarise how we have addressed and concluded upon each audit objective:

Objective 1 – Completion and review of time records

The nature of the time recording system utilised by the Accounts Payable and E-enablement function did not allow for data to be extracted in a format that we could use to perform a full analytical review. Instead, we walked through and reviewed the system, data and processes on-line, including procedures for manual adjustments of data. Our work has concluded that business procedures and controls in place provide assurance over completeness and accuracy of the Accounts Payable and E-enablement function's time records.

For the Legal & Risk division, we were able to gain a full picture of the completeness and accuracy of employee time records as the nature of the underlying database enabled extraction and full analytical review of the data stored. Our work identified instances of where some improvement is required to the recording of lunch breaks, which are documented in audit finding one below. In discussion of these instances, we learnt that exception report monitoring on time records is not performed as a regular routine. However, we understand that a new time recording system is due to be implemented by the end of 2019 for all the Division's employees, which will require monitoring controls to be activated.

We have raised a **Medium priority** recommendation for improvement. This is included in Appendix 1.

Objective 2 – Time recording processes are robust and secure

Our audit work involved discussion and review of the user administration, including system configuration controls and access and edit control rights over the sampled divisional time recording databases, with the respective Business Support Managers. No issues have been identified as a result of this review. Several good practice points have been listed in the section below, leading to our conclusion that the time recording systems / processes utilised in these two NWSSP divisions are robust and secure.

Objective 3 – Time recording processes are in line with workforce policies

Our audit review of divisional time recording processes has been performed against existing All Wales NHS and NWSSP time recording policies. For our audit sample, we have been advised that no local divisional policies and procedures for time recording and time management exist, as employees operate within the All Wales NHS and NWSSP policies and procedures. In addition, we reviewed minutes of Shared Services Partnership Committee meetings held between 2018 and 2019 for any specific reference to non-compliance or process issues in the area of time recording, of which there were none. We have concluded that, subject to this exception that is documented within audit finding one, NWSSP time recording processes are in line with the workforce policies in place.

Good Practice

We identified the following good practice during our review:

- all employees are required to comply with the All Wales NHS and NWSSP time recording policies and procedure, which are promoted at the initial induction programme that each new employee attends. Any amendment to policies and procedures are updated and highlights on the NWSSP intranet for all employees to access;

- for the divisions sampled during this audit review, the time recording systems are configured to provide a level of control that prevents a degree of data error. For example:
 - initial clock-in time not permitted prior to 7.30am; Clock-out time no later than 7.00pm;
 - annual and public holidays scheduled that flag any worked time recorded by employees on such days;
 - the Accounts Payable and E-enablement function system automatically deducts 30 minutes minimum for employee daily lunchbreak, in line with policy for employees who work more than 6 hours per day;
- manual adjustments to account for individuals who have not clocked in/out during a working day are only processed by Business Support if approved by a line manager email. Changes are on-line for employees to validate; and
- only Business Support employees have access to edit the time recording databases.

7. Summary of Recommendations

The audit finding and recommendation is detailed in Appendix A together with the management action plan and implementation timetable.

A summary of this recommendation by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	-	1	-	1

Finding 1 – Recording of lunch breaks (Operation)	Risk
<p>Our review of the Legal & Risk division's time records database highlighted several instances of inaccurate recording of time records. Of the 1,778 individual time records for the 23 Legal Assistants, including authorised manual adjustments made, in the period April 2019 - August 2019, our analytical review identified:</p> <ul style="list-style-type: none"> • 240 instances of lunch breaks recorded of less than the 30 minutes promoted by All Wales NHS workforce policies for employees who worked more than six hours per day. In mitigation, 211 of these instances were a lunchbreak timed as between 25 and 29 minutes; • an instance of time being manually adjusted for an employee, resulting in 30 minutes of lunchbreak not being accounted for, leading to a flexi-time gain for the employee of 30 minutes; and • six instances of employees not recording their lunchbreak time and not being manually adjusted. 	<p>Inaccurate recording of lunch breaks could result in additional flexible working time being approved for employees.</p>
Recommendation	Priority level
<p>Until such time as the new time recording system is implemented, Legal & Risk division management should ensure:</p> <p>a) all Wales NHS workforce policy guidance on the daily minimum time to be recorded for lunchbreaks taken are re-communicated to all employees;</p>	<p>Medium</p>

and b) system administration procedures include a regular (for example, quarterly) review to monitor whether the guidance on recording of lunchbreaks is being followed.	
Management Response	Responsible Officer/ Deadline
Both management teams will continue to promote the importance of taking regular breaks and promote the workforce policy of a 30 minute lunchbreak.	Director of Legal and Risk Services Head of Accounts Payable

Assurance opinion and action plan risk rating

Audit Assurance Ratings



Substantial assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Reasonable assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

Limited assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

No assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

Confidentiality

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Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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Health and Safety

Internal Audit Report 2019/20

NHS Wales Shared Services Partnership Audit and Assurance Services

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Appendix A	Management Action Plan
Appendix B	Audit Assurance Ratings & Recommendation Priorities
Appendix C	Responsibility Statement

Review reference:	NWSSP-1920-05
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Draft report issued:	9 January 2020
Management response received:	14 January 2020
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Auditors:	James Quance, Head of Internal Audit Emma Rees, Audit Manager Mathew Smith, Senior Auditor
Executive sign off:	Gareth Hardacre, Director of Workforce and Organisational Development
Distribution:	Paula Jones, Health, Safety and Risk Manager Jonathan Webb, Head of Safety & Learning
Committee:	Velindre NHS Trust Audit Committee for NWSSP

ACKNOWLEDGEMENTS

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of Health and Safety has been completed in line with the approved 2019/20 Internal Audit Plan. The aim of the audit was to review the effectiveness of arrangements in place to ensure that NHS Wales Shared Services Partnership ('NWSSP') complies with Health and Safety legislation.

Health and safety is a key responsibility for managers with effective health and safety management being based on a good understanding of the risks and how to control them. This is achieved through good quality risk management and a programme of training based on a training needs analysis.

Health and safety management includes the responsibility to provide and maintain safe and healthy working conditions, equipment and systems of work which will allow all members of staff to adopt suitable and effective health and safety practices.

1.2 Scope and Objectives

The internal audit assessed the adequacy and effectiveness of internal controls in operation. Any weaknesses have been brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence.

The audit sought to provide assurance over the framework of internal controls in place to manage key health and safety risks.

This audit considered the following control objectives:

- policies and procedures have been developed and are readily available to all staff;
- governance arrangements and reporting structures are well documented, robust and operating effectively (including reporting to Velindre University NHS Trust);
- operational practices are aligned to the Health and Safety Policy;
- health and safety risks have been identified, assessed, appropriately recorded and reported and are monitored on an ongoing basis;
- staff receive the necessary training and are kept informed on health and safety matters; and
- NWSSP is compliant with Health and Safety legislation.

Limitations of scope

We did not audit the Fire Safety arrangements as part of this audit.

1.3 Associated Risks

The key risks considered in the review were as follows:


- harm to staff and visitors; and
- non-compliance with legislation, resulting in potential financial and reputational implications.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the process for Health and Safety is **Reasonable Assurance**.





RATING	INDICATOR	DEFINITION
Reasonable		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary

The summary of assurance given against the individual review areas is described in the table below:

Assurance Summary					
1	Policies and Procedures			✓	

Assurance Summary					
2	Governance and Reporting Structures				✓
3	Operational Practices		✓		
4	Risk Management				✓
5	Training and Awareness			✓	
6	Compliance with Legislation *			✓	

The above ratings are not necessarily given equal weighting when generating the audit opinion.

** Our opinion is based upon the design and operating effectiveness of the controls in place to ensure compliance with legislation, not whether NWSSP is compliant or not.*

2.3 Design of Systems/Controls

The findings from the review have highlighted two issues that are classified as weaknesses in the system control / design for Health and Safety.

2.4 Operation of System/Controls

The findings from the review have highlighted three issues that are classified as weaknesses in the operation of the designed system / control for Health and Safety.

3. FINDINGS & RECOMMENDATIONS

3.1 Summary of Audit Findings

We identified five findings, one of which is **high** priority and four **low** priority.

The key findings by the individual objectives are reported below with full details in Appendix A.

Policies and Procedures

As a hosted body of Velindre University NHS Trust ('Velindre'), NWSSP must comply with Velindre's health and safety policies. NWSSP does not have responsibility for these policies, although it is able to contribute to their development through the consultation process.

In order to support the implementation of the Velindre policies, NWSSP has developed the following four procedures / handbooks:

- NWSSP Health & Safety Procedures ('the NWSSP Procedures');
- Safe Driving Handbook;
- Industrial Injury Claim Process; and
- Contractor Handbook.

All health and safety policies and procedures relevant to NWSSP staff can be found on either the Velindre or NWSSP intranet sites.

We understand that the NWSSP Procedures are due for review in May 2020, although this date is not stated in the Procedures document. The review process is currently ongoing to strengthen and streamline the health and safety processes, with a view to the updated Procedures being approved by this date.

Our review of the health and safety policies, procedures and handbooks available on the NWSSP intranet identified that, of the 48 Velindre policies, 14 were out-of-date or due for review and six intranet policy links were not working.

We have **recommended** that the review date be stated in the NWSSP Procedures and any future documents published. We have also recommended that the identified issues with Velindre policies are raised with Velindre management. See finding 4 in Appendix A.

Governance and Reporting Structures

Overall responsibility for health and safety within NWSSP lies with the Director of Workforce and Organisational Development. Operational

responsibility for the coordination and oversight of health and safety is delegated to the Health, Risk and Safety Manager. Additional professional support is provided by the Head of Safety & Learning within Legal and Risk Services.

There are a number of health and safety groups in place, all of which have terms of reference and meet quarterly at a minimum:

- All Wales Health & Safety Group – comprises representatives from the directorates across NWSSP;
- Regional Health & Safety Groups – attended by site managers from the relevant region (North Wales and Mid/West & South East Wales);
- Site Health & Safety Groups – used to filter down information from the Regional Groups; and
- Procurement Health & Safety Group – to discuss specific issues relating to the directorate.

All of the above meetings are attended by the Health, Safety & Risk Manager, who also attends the Velindre Health & Safety Management Group on behalf of NWSSP. Meeting agendas are comprehensive and almost all reports are produced and presented by the Health, Safety & Risk Manager.

Attendance at the meetings is not formally monitored, although we did see evidence of repeated non-attendance being escalated. We have **recommended** a formal monitoring process be put in place. See finding 3 in Appendix A.

Our review of meeting minutes from the various health and safety meetings within NWSSP highlighted that there is a large degree of duplication in reporting at these meetings and a degree of overlap in the membership of these groups. Additionally, we understand that attendance at some meetings can be low, with some members stating this is due to the duplication in reporting. There is a risk that the current reporting structure for health and safety is inefficient and creates a larger workload than necessary. Therefore, we have **recommended** that management undertakes a review of the governance and reporting structure. See finding 3 in Appendix A.

We understand that some health and safety meetings did not take place during December 2018 due to sickness absence. This is considered further under the 'Compliance with Legislation' section below and in finding 2 of Appendix A.

The Health, Safety & Risk Manager provides quarterly health and safety reports to the NWSSP Senior Management Team. These reports are comprehensive and cover topics such as incident reporting and trends,

feedback from the various health and safety groups, personal injury claims, site visits, estates management, fire management, training and any significant health and safety issues arising. In addition, an Annual Health & Safety report is presented, covering a review of the year across similar topics.

Operational Practices

Workplace Inspections

The NWSSP Health and Safety Procedures require that site managers undertake periodic inspections of the workplace as follows:

- monthly fire safety management inspections;
- quarterly workplace inspections; and
- six monthly security inspections.

Standard checklists have been developed to support this process, which should be signed by both the individual who completed the inspection and their line manager. Action plans are then developed to address issues identified through these workplace inspections.

Our testing of the workplace inspection process for a sample of seven of the 32 NWSSP sites where these inspections should be carried out identified that:

- for one site, three of the four quarterly workplace inspection checklists for the 12 months to November 2019 could not be located;
- the checklists are not regularly being signed off by line managers; and
- there are three different workplace inspection checklists in circulation (two are previous iterations of the current official template).

We have **recommended** that relevant staff are reminded of the need to undertake the workplace inspections in line with the NWSSP Health & Safety Procedures and retain the related documentation. Additionally, we have recommended all completed checklists be sent to the Health, Safety & Risk Manager. See finding 1 in Appendix A.

Site Visits

The Health, Safety & Risk Manager undertakes annual site visits across NWSSP to undertake the Health & Safety Executive's HSG65 Audit Checklist, to verify the level of compliance with health and safety legislation and the NWSSP Health & Safety Procedures.

Each aspect of the checklist is scored from 0-5, with '0' being non-compliant and '5' being fully compliant. This scoring is used to create an overall percentage of compliance for each site. The completed checklist identifies

actions required to address identified issues. However, the responsible officers for these actions are not included in the central tracking spreadsheet and no deadline is assigned. We have **recommended** this be done. See finding 1 in Appendix A.

The completed checklists are summarised in a report. They are presented to the Site and Regional Health & Safety Groups, with high level summaries going to the All Wales Health & Safety Group and to SMT meetings via the quarterly health and safety reports. Actions arising are incorporated into the central tracking spreadsheet and implementation is monitored by the Health, Safety & Risk Manager and the All Wales Health & Safety Group.

An overview of the results of the site visits is given in the Health & Safety Annual Report, which includes analysis of issues and trends. This is used in the development of the annual Health & Safety objectives and also provides material for lessons learnt exercises.

We understand that site visits have fallen behind schedule during 2019 due to sickness absence. This is considered further under the 'Compliance with Legislation' section below and in finding 2 of Appendix A.

Risk Management

NWSSP follows the Velindre Risk Management Policy. Further Health & Safety Executive guidance is provided on the NWSSP intranet. Departmental managers are responsible for undertaking risk assessments and maintaining local risk registers, including the periodic review of risk assessments at least annually. Risks are rated according to a scoring matrix. Risks scored at 12 or above should be escalated to a central health and safety risk register, although we understand that there are currently no risks rated this high on the local risk assessments.

We did not identify any matters for reporting regarding the approach to risk management.

Training and Awareness

Statutory and mandatory health and safety training forms part of NWSSP's Core Training Skills Framework ('CTSF'). The level of training required by individual staff members is aligned to job descriptions. All managers are responsible for ensuring that staff complete the training to remain compliant.

Additionally, both the Health, Safety and Risk Manager and the All Wales Health & Safety Group monitor compliance rates for the statutory and mandatory health and safety training. The table below demonstrates that compliance levels are generally good and improved further between April and November 2019:

	April 2019 %	November 2019 %
Health, Safety & Welfare	87.30	91.84
Fire safety	87.88	91.28
Moving & Handling	88.15	92.04
Violence and aggression	92.56	97.75

The level of discussion evidenced in the various health and safety meeting minutes we reviewed demonstrates that management take health and safety seriously and are continually assessing the needs and development of staff, including training.

Whilst health and safety training is covered in the annual site visit process, we have **recommended** that central oversight of training above the CTSF be further improved. See finding 5 in Appendix A.

Compliance with Legislation

As an IOSH member, the Health, Risk and Safety Manager receives regular updates on health and safety legislative changes, news and best practice. The Health, Risk and Safety Manager is also a member of the NHS Wales Health and Safety Advisory Group (attended by all Health & Safety Manager from across NHS Wales), where new legislation is presented and shared between members. All legal and regulatory requirements are stored within a spreadsheet.

As noted in the 'Operational Practices' section, the Health, Safety & Risk Manager undertakes annual site visits to monitor compliance with health and safety legislation across NWSSP.

NWSSP has identified that the Health, Safety & Risk Manager role is a single point of failure within the health and safety systems. As such, informal contingency arrangements have been put in place to cover any absence of the Health, Safety & Risk Manager which have not been documented. We have **recommended** that the contingency arrangements be documented in the NWSSP business continuity plans. See finding 2 in Appendix A.

3.2 Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	1	-	4	5

Finding 1 – Operational Practices (Operation)	Risk
<p>Workplace Inspections</p> <p>Our testing of the workplace inspection process for a sample of seven of the 32 NWSSP sites where inspections should be carried out, identified that:</p> <ul style="list-style-type: none"> for one site, three of the four quarterly workplace inspection checklists for the 12 months to November 2019 could not be located; the inspection checklists are not regularly being signed off by line managers to evidence awareness, visibility and accountability for health and safety matters; and there are three different workplace inspection checklists in circulation (two are previous iterations of the current official template). <p>Site Visits</p> <p>The HSG65 Audit Checklists used by the Health, Safety & Risk Manager in the annual site visits to test compliance with legislation identify actions required to address identified issues. However, the responsible individuals for these actions are not included in the central tracking spreadsheet monitored by the Health, Safety & Risk Manager and All Wales Health & Safety Group. Additionally, actions are not assigned deadlines.</p>	<p>Harm to staff or visitors.</p> <p>Non-compliance with legislation, resulting in potential financial or reputational implications.</p>
Recommendation 1	Priority level
<p>Workplace Inspections</p> <p>Management should remind relevant staff of the need to undertake workplace inspections in line with the NWSSP Health & Safety Procedures, including:</p> <ul style="list-style-type: none"> timely completion of the most up-to-date checklist; management sign off; and retention of documentation. 	<p>High</p>

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Finding 2 – Single Point of Failure: Health, Safety & Risk Manager role (Operation)	Risk
<p>The Health, Safety & Risk Manager role is key to NWSSP's health and safety systems. This individual is solely responsible for a number of key aspects of the process, including the annual site visit programme, provision of reports/information to the various Health & Safety Groups and chairing some of the meetings, support and guidance for all staff on health and safety matters and monitoring health and safety performance.</p> <p>NWSSP has identified that this role is a single point of failure within the health and safety systems. As such, we understand the Director of Workforce & Organisational Development has put in place contingency arrangements involving professional support from the Head of Safety & Learning and bank staff to undertake key activities (for example, the annual site visits) in the absence of the Health, Safety & Risk Manager. However, these arrangements have yet to be formally documented in the NWSSP business continuity plans.</p>	<p>Harm to staff or visitors.</p> <p>Non-compliance with legislation, resulting in potential financial or reputational implications.</p>
Recommendation 2	Priority level
<p>Management should ensure the contingency arrangements to cover any absence of the Health, Safety & Risk Manager are formally documented in the NWSSP business continuity plans.</p>	<p>Low</p>
Management Response 2	Responsible Officer/Deadline
<p>NWSSP Director of Workforce & OD will work with the Head of Finance & Business Development to ensure the contingency arrangements to cover any absence of the post-holder are formally documented in the NWSSP business continuity plans. This will be presented to SMT for ratification.</p>	<p>NWSSP Health, Safety and Risk Manager</p> <p>March 2020</p>


Finding 3 – Health & Safety Groups (Design)	Risk
<p>Attendance at the meetings of the various Health & Safety Groups across NWSSP is not formally monitored, although we did see evidence of repeated non-attendance being escalated.</p> <p>Our review of meeting minutes from the various health and safety meetings within NWSSP highlighted that there is a large degree of duplication in reporting at these meetings, particularly between the All Wales Health & Safety Group and the Regional Health & Safety Groups. There is also a degree of overlap in the membership of these groups. Additionally, we understand that attendance at some meetings can be low, with some members stating this is due to the duplication in reporting. There is a risk that the current reporting structure for health and safety is inefficient and creates a larger workload than necessary.</p>	<p>NWSSP Health & Safety Groups may not be operating effectively or efficiently due to:</p> <ul style="list-style-type: none"> • lack of attendance; and • duplication of reporting.
Recommendation 3	Priority level
<p>Attendance at the meetings of the various Health & Safety Groups should be formally monitored. Repeated non-attendance should be escalated to the relevant director.</p> <p>Management should undertake a review of the Health & Safety Groups structure with a view to streamlining the number of groups and the reporting processes.</p>	<p>Low</p>
Management Response 3	Responsible Officer/ Deadline
<p>A report to capture the attendance at the each of the H&S meetings will be included in the papers provided to the all-Wales H&S Group. This will be produced by the NWSSP Health, Safety and Risk Manager.</p> <p>Once the report has been reviewed by the All Wales H&S Group, escalation to the Service Director (where required) will be undertaken by the Director of Workforce & OD</p>	<p>NWSSP Health, Safety and Risk Manager April 2020</p>
<p>The NWSSP Health, Safety and Risk Manager will undertake a review of the Health & Safety Groups structure with a view to streamlining the number of groups and the reporting processes. The report will be presented to the all-Wales H&S Group and any proposals for change escalated to SMT.</p>	<p>NWSSP Health, Safety and Risk Manager June 2020</p>


Finding 4 – Policies and Procedures (Operation)	Risk
<p>We also identified that the NWSSP Procedures and Safe Driving Handbook did not have the date of next review identified on their front covers, although the Procedures document does state it is to be reviewed annually.</p> <p>Our review of the Velindre and NWSSP health and safety policies, procedures and handbooks available on the NWSSP intranet identified that, of the 48 Velindre policies, 14 were out-of-date or due for review and six intranet policy links were not working.</p>	<p>Harm to staff or visitors.</p> <p>Non-compliance with legislation, resulting in potential financial or reputational implications.</p>
Recommendation 4	Priority level
<p>All NWSSP health and safety procedures and handbooks should include the date of next review.</p> <p>The identified issues with Velindre health and safety policies should be raised with Velindre management. We have provided the Health, Safety & Risk Manager with specific details of the exceptions noted to assist with this.</p>	<p>Low</p>
Management Response 4	Responsible Officer/ Deadline
<p>All NWSSP health and safety procedures and handbooks will, going forward include the date of next review. The NWSSP Health, Safety and Risk Manager will undertake a review of all current documents to establish any additional gaps and present a position statement to the all-Wales H&S Group.</p>	<p>NWSSP Health, Safety and Risk Manager March 2020</p>
<p>The identified issues with Velindre health and safety policies will be raised with Velindre management at their next Velindre NHS Trust Health and Safety Meeting.</p>	<p>NWSSP Health, Safety and Risk Manager March 2020</p>


Finding 5 – Training and Awareness (Design)	Risk
<p>The NWSSP Core Training Skills Framework covers health and safety statutory and mandatory training for all staff, aligned with the health and safety requirements of their job description. Additional health and safety training needs are identified on an ad hoc basis (for example, through the PADR process, site visits, etc.), with training provided in the form of IOSH courses.</p> <p>Whilst the sites are responsible for maintaining health and safety training records and ensuring staff training is up to date and this is tested via the annual site visit process, we identified that central oversight of this process could be improved.</p>	<p>Harm to staff or visitors.</p> <p>Non-compliance with legislation, resulting in potential financial or reputational implications.</p>
Recommendation 5	Priority level
<p>Staff should be reminded of the importance of maintaining up-to-date training records in ESR. Management should ensure that health and safety training courses above those required by the CTSF are included on ESR to support this process.</p> <p>ESR reports on health and safety training beyond the CTSF should be monitored at relevant health and safety groups.</p>	<p>Low</p>
Management Response 5	Responsible Officer/ Deadline
<p>The NWSSP H&S will work with the Corporate L&D Team to produce a paper for presentation at the H&S meetings on the requirement for logging of training.</p>	<p>NWSSP Health, Safety and Risk Manager April 2020</p>
<p>Training delivered or coordinated centrally will be updated corporately on ESR and the NWSSP Health, Safety and Risk Manager will liaise with the L&D team to determine the most efficient method of achieving this.</p>	<p>NWSSP Health, Safety and Risk Manager April 2020</p>

Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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Procurement Directorate Review

Final Internal Audit Report

2019/20

NHS Wales Shared Services Partnership

Audit and Assurance Services

Private and Confidential

Reasonable Assurance



Previous Rating: N/a

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENTS

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Please note:

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1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of the Procurement Directorate within NHS Wales Shared Services Partnership (NWSSP) was completed in line with the agreed 2019/20 Internal Audit Plan.

Procurement services provides a service to NHS Wales through category sourcing, frontline, local procurement and supply chain. The service also delivers significant cost savings for NHS Wales.

1.2 Scope and Objectives

The overall objective of this audit was to test compliance with corporate policies and procedures and to provide assurance of the reporting of procurement savings.

The following objectives were reviewed:

- there is a formal governance structure in place that is operating effectively;
- risks are identified, recorded and escalated to the NWSSP Senior Management Team where appropriate;
- sickness absence is managed in accordance with the All Wales Managing Attendance at Work Policy;
- declarations of interest are completed for procurement staff;
- performance, appraisal and development reviews (PADRs) are completed in line with the policy and monitored to ensure employees receive one annually;
- performance indicators have been agreed and are monitored and reported on a regular basis;
- the process for verifying and recording savings is documented; and
- savings recorded can be verified with supporting information and are accurately reported.

Health Courier Services (HCS) were excluded from the scope of this review as they were subject to a separate audit in 2018/19.

1.3 Associated Risks

The risks considered in the review were as follows:


- governance structures within the directorate are not operating effectively;
- risks are not identified, monitored or assessed;
- failure to comply with All Wales and corporate policies;
- failure to identify and address performance issues resulting in missed objectives and/or inefficiency; and
- savings figures reported are not able to be verified.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the Procurement Directorate is **Reasonable Assurance**.

RATING	INDICATOR	DEFINITION
Reasonable		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary

The summary of assurance given against the individual review areas is described in the table below:

Assurance Summary					
1	There is a formal governance structure in place that is operating effectively.			✓	
2	Risks are identified, recorded and escalated to the NWSSP SMT where appropriate.			✓	
3	Sickness absence is managed in accordance with the All Wales Managing Attendance at Work Policy.			✓	
4	Declarations of Interest are completed for procurement staff.			✓	
5	PADRs are completed in line with the policy and monitored to ensure employees receive one annually.			✓	
6	Performance indicators have been agreed and are monitored and reported on a regular basis.			✓	
7	The process for verifying and recording savings is documented.			✓	
8	Savings recorded can be verified with supporting information and are accurately reported.			✓	

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

2.3 Design of Systems/Controls

The findings from the review have highlighted one issue that is classified as a weakness in the system control/ design for the Procurement Directorate. This is denoted in the management action plan as (D).

2.4 Operation of System/Controls

The findings from the review have highlighted four issues that are classified as weaknesses in the operation of the designed system/ control for the Procurement Directorate. These are denoted in the management action plan as (O).

3. FINDINGS & RECOMMENDATIONS

3.1 Summary of Audit Findings

The key findings by the individual objectives are reported in the section below with full details of findings in Appendix A:

1. Governance arrangements

The Senior Management Team (SMT) within the Procurement Directorate usually meet monthly (there was no meeting in October). We reviewed the papers and minutes for the last three SMT meetings. A range of areas are discussed regularly, including performance reporting, workforce, finance, savings, business planning, Brexit and procurement projects.

Minutes of the meetings are maintained, and whilst actions are noted in the minutes, there is no separate action log in place to capture each action and updates.

A new Director of Procurement and Health Courier Services has been in place since September 2019. At his first SMT in November 2019, it was confirmed that the format of the SMT meetings going forward will be changing. We recommend that actions are recorded separately for the meetings to ensure actions can be tracked and completed.

See Recommendation 1

All of the job descriptions for the senior management team were reviewed, and include responsibilities regarding risk management and budgeting. No issues were identified.

There are a number of working groups within the directorate that were set up to focus on different areas, i.e. business excellence, workforce, communication, sourcing leads. The new Director is currently reviewing the structure of groups.

We reviewed a sample of these groups to establish whether they were operating effectively.

Business Excellence Group

There is a terms of reference in place for the group, which states the role of the group is to promote a culture of excellence within Procurement Services. The group met bi-monthly up to July. We reviewed the minutes of the group, and these were generally well attended by representatives of the functions within procurement, with the exception of Frontline who did not have representation at the March and July 2019 meetings.

There are a number of areas on the agenda that are routinely discussed at meetings, which focus on the quality of services across procurement, including supplier relationship management, catalogue management and quality audit findings. The areas discussed are in line with the TOR to consider best practice approaches across procurement and improvements to be made via the audits undertaken within the service.

Sourcing Leads Group

There is no terms of reference in place for the group, which is a meeting of all of Heads of Sourcing, Deputy Heads of Sourcing and Senior Category managers. The group meet monthly. We reviewed the minutes of the last two meetings. These are well attended, with discussion around areas within the sourcing function, including current KPI status, workforce issues, audit updates and updates on Brexit planning/actions. Also included in the meeting for September was the outcomes of the sourcing business-planning day, which focussed on opportunities and plans for the function going forward. The effectiveness of the group is demonstrated in the minutes; the group is regularly discussing key areas of sourcing, with the active discussion around issues and improvements.

2. Risk Management

There is a risk register in place within Procurement. The register includes risks for Procurement Services, Frontline, Sourcing and Supply Chain, Logistic & Transport.

We reviewed the risk register dated November 2019, which includes 62 risks in total (excluding HCS). Thirty (48%) of these risks either do not have target dates or target dates have passed. The majority of those

without a target date or where the target date has passed are within the Frontline (11) and Sourcing (14) areas.

A Risk Management and Assurance Group is in place without terms of reference. However, there is evidence of communication outlining the risk process and expectations of services. This group has not met since May 2019; we are advised this is due to resources being used to prepare for Brexit.

Whilst the group has not met regularly, there is evidence of discussion or risks within the directorate. Risks rated red are discussed as part of Procurement Services quarterly performance reviews (which includes an extract from the risk register). There are also quarterly service reviews for Frontline, Sourcing, and Supply Chain, Logistics & Transport, which includes risks. We reviewed a sample of the documentation for these meetings, and whilst we can confirm that risks / opportunities are discussed; the information on the risk register is not routinely reviewed or updated as part of these meetings.

We selected a sample of six risks from the risk register to establish whether the control measures were stated and if actions were documented. There were gaps in the information contained in the risk register, including no target or missed target dates, action required not completed and existing controls and mitigation not complete. Further detail is included in recommendation 2.

We recommend that the Procurement risk register be updated and fully completed, with the register discussed and updated via regular meetings (service reviews or risk and assurance meetings).

See Recommendation 2

3. Sickness Absence

As at October 2019, in month sickness was 5.31% against a target of 4.03%. The 12-month sickness figure for the directorate was 4.62%, against a target of 4.03%.

Sickness absence data is included in the monthly Workforce Information Update Report, which is presented at the SMT meetings. The report includes the overall sickness rate, and the rates of each department within Procurement, highlighting those that are not meeting the sickness targets.

We reviewed a sample of sickness absences to confirm they had been managed in line with the All Wales Managing Attendance at Work Policy, specifically considering whether:

- return to work meetings were completed promptly, with documentation fully completed and signed;

- absences were covered by self and medical certificates where required; and
- sickness triggers were actioned appropriately by management.

Out of the 18 sickness absences reviewed, the following exceptions were identified:

- one did not have a return to work form on file;
- two took over seven days to conduct the return to work interview;
- two absences that required medical certificates had certificates but these did not cover the full absence period; and
- four took more than seven days to enter the absence (12, 20, 33 and 142 days)

We recommend that staff be reminded of the sickness policy and the need to take action promptly in line with the policy.

See Recommendation 3

4. Declarations of Interest

Declarations of interest (DOIs) are required to be completed for all staff at Band 6 and above within Procurement Services. Further DOIs are required to be completed as part of individual procurement exercises.

We obtained a list of current procurement staff at Band 6 and above (as at December 2019), and checked whether they had an up to date DOI recorded on the Procurement Services DOI plan, which was provided by Corporate Services. Eight out of 109 staff did not have completed DOIs (including nil declaration). This includes the following staff:

- three band 7; and
- five band 6.

We are advised that the above include staff that have recently been promoted and did not previously require a DOI.

We recommend that DOIs be completed for the staff identified above and status of DOIs be discussed periodically at the SMT meetings to ensure compliance.

See Recommendation 4

We reviewed a sample of DOI forms to confirm that these had been fully completed and signed by an appropriate person. No issues were identified.

41 Procurement staff had declared potential conflicts of interest. These are captured on a Procurement Services DOI plan, which is maintained by Corporate Services. This captures the disclosure, risk level (High, Medium or Low) and any actions required. Thirteen were rated as amber (possible conflict that requires active monitoring), and had actions in place. These are prepared by the director and agreed at SMT meetings before a review by the Chief Executive. We are advised that actions included in the DOI plan are currently being reviewed by the director.

5. Performance and Development Reviews (PADRs)

As at the end of October 2019, PADR compliance within the directorate was 76.16%, against a target of 85%.

PADR compliance is included in the monthly Workforce Information Update Report, which is presented at the Senior Management Team meetings. The report includes the overall PADR compliance rate, and the rates of each team within Procurement.

We reviewed a sample of PADRs and objectives to establish if these were linked to Procurement aims and objectives, as outlined in the Procurement Strategy. All the PADRs reviewed included objectives which support the key deliverables for procurement, which demonstrates that procurement staff are working to clear and consistent goals. Some example objectives include:

- To assist with the implementation of a range of contracts identified in the contract programme utilising ISO procedures;
- Maintain low levels of IOH (Invoices on Hold);
- Working together - collaboration between teams within NWSSP to improve on processes;
- Innovation; Support the planning and delivery of the capital programme; and
- Value for Money - support the PBM and lead on areas within Pathology Directorate. This will include managing and implementing local and All Wales Contracts.

6. Performance Management

There is an SLA in place for Procurement Services. However, this does not include detail on the responsibilities of the Procurement function or the Health Board. This is currently being amended and is due to be submitted to the Shared Services Partnership Committee in January 2020.

Performance for Procurement is measured by a number of KPIs, including:

- Contracts awarded on time
- Catalogue coverage
- Savings

Procurement KPIs are being reviewed as part of business planning activity for inclusion in the IMTP, and we are advised that a number of these are being changed.

We discussed performance with the NWSSP Business and Performance manager, who provided us with the performance information for procurement, including the information that is reported to Health Boards.

See figures for October 2019 below:

High Level - KPIs September 2019 (unless stated otherwise)	Target		Position at 31 July	Position at 31 Aug	Position at 30 Sept
Procurement Services					
Procurement savings *Current Year	£19.38m 19/20	Cumulative	£15.26m	£20.28m	£21.45m
All Wales PSPP – Non-NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	96.3%
All Wales PSPP –NHS YTD	95%	Quarterly	Reported Quarterly	Reported Quarterly	85.8%
Accounts Payable % Calls Handled (South)	95%	Monthly	99.1%	99.1%	99%

KPIs are also discussed in Procurement SMT meetings (reviewed via qlikview) and have also been discussed as part of the sourcing leads group within Procurement.

The data used for performance reporting is provided by Procurement i.e. savings spreadsheets are uploaded, and this information is then used to populate the KPI data for quarterly reviews and reporting within NWSSP.

As part of the savings testing (below), we have reviewed a sample of savings for the Aneurin Bevan team and the central sourcing Pharmacy team, which account for approximately £12m of the procurement savings above.

The source data for savings has been reviewed as part of the savings testing, and the process for reporting on KPIs was reviewed as part of the NWSSP Performance Management review undertaken in 2019.

7. Process for recording savings

The process for reviewing savings was considered by the Finance Delivery Unit (FDU) within NHS Wales, who published the report 'Savings Risk Assessment – Current Practice and Future Approach'. This includes definitions of savings and how they should be categorised i.e. cash releasing, cost avoidance.

These definitions are included in the savings spreadsheets, which are completed by local and central teams. These are then uploaded to qlikview by the e-enablement team and are used for performance reporting to Health Boards.

We reviewed the savings spreadsheets for one local procurement team (Aneurin Bevan) and one central team (Sourcing – Pharmacy, Appliances and Dressings).

We can confirm the savings captured on spreadsheets are categorised in line with the FDU guidance i.e. cash releasing, cost avoidance, competitive tendering.

8. Savings reporting and verification

As stated above, the savings data is captured on spreadsheets for central teams and local teams. Savings information is also sent to health board finance teams for inclusion in health board internal reporting.

We reviewed the savings spreadsheets for one local team (Aneurin Bevan) and one central team (Pharmacy, Appliances and Dressings) and selected a sample of savings and the supporting information available to justify the savings.

We were provided with information to verify the figures reported as savings. Some examples of information we were provided with were:

- Evidence of contact with suppliers to agree a reduced price on drugs and subsequent contract award;
- Confirmation of benefits provided by suppliers at no cost due to contract negotiations (these would have been charged at full cost if negotiations did not take place); and
- Savings / benefits case study that outlines the background and justifications for savings.

Whilst there were documents in place to verify some savings, there are some areas where we were unable to verify the figure claimed as a saving, although we recognise that these are based on estimates, for example:

- A saving for 'vending', which is an income generation rather than a saving. The year to date figure stated is £37,000, which is based on estimated vends. However, only approximately £20-25k a year is currently received
- Service Improvement Programme (SIP) savings considers average spend prior to the project starting. We were provided with invoice amounts prior to transition to SIP and current invoice amounts. However, we were advised that other elements would affect figures so whilst the figures are similar to the savings, we are unable to verify the amount of savings claimed (£21,668)

We recognise that these figures are based on estimates, and there will be a degree of uncertainty i.e. usage may vary or opportunities may not be utilised, which will affect the amount of actual savings. Whilst information is provided to health boards as part of savings reporting, the figures reported have been queried when health boards are unable to see the savings reflected in their budgets

The Deputy Director of Procurement has also requested that a case study should be completed for all savings above £25k, which provides assurance the directorate that savings claimed are justified. Savings are also discussed as part of service reviews with each function within Procurement.

We recommend that savings estimates, including estimation uncertainty, are agreed with Trusts and Boards to minimise challenge during the year.

See Recommendation 5

3.2 Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	3	2	5

Finding 1 Senior Management Team actions (D)	Risk
<p>The Senior Management Team (SMT) within the Procurement Directorate usually meet monthly (there was no meeting in October). We reviewed the papers and minutes for the last three SMT meetings. A range of areas are discussed regularly, including performance reporting, workforce, finance, savings, business planning, Brexit and procurement projects.</p> <p>Minutes of the meetings are maintained, and whilst actions are noted in the minutes, there is no separate action log in place to capture each action and updates.</p>	<p>Actions agreed at SMT meetings may not be completed.</p>
Recommendation 1	Priority level
<p>A separate action log should be maintained alongside the minutes of the SMT meetings to ensure that actions are captured and followed through to completion.</p>	<p>Low</p>
Management Response 1	Responsible Officer/ Deadline
<p>Action log will be maintained going forward.</p>	<p>Director of Procurement & Health Courier Services (1st March 2020)</p>

Finding 2 Risk Management (O)	Risk
<p>The Procurement risk register captures risks for the areas within the directorate, however 48% of the risks on the register (30 out of 62) do not have a target date or the target date has passed.</p> <p>Top risks for Procurement are reviewed at quarterly performance reviews. Whilst there is evidence of discussion around risks within quarterly service reviews, this does not include a formal review of the risk register.</p> <p>The Risk and assurance group, which considers the risk register, have not met since May 2019.</p> <p>We selected a sample of six risks from the risk register to establish whether the control measures were stated and if actions were documented. Out of the six risks:</p> <ul style="list-style-type: none"> • existing controls and mitigation was not completed for two risks; • further action required was not completed for two risks; • progress for four risks was either not completed or stated by a percentage/arrow rather than text; • the target date was not included or had passed for three risks; • there is no evidence that three of the risks have been reviewed within service meetings / SMT / risk and assurance meetings; and 	<p>Risks are not being reviewed and updated regularly.</p> <p>Risks identified do not have appropriate actions and target dates to ensure they are managed effectively.</p>

<ul style="list-style-type: none"> one risk with a score of 16 had not been escalated to the Corporate Risk Register, however this was reviewed as part of the quarterly performance review and discussed at the NWSSP SMT meeting in October 2019. 	
Recommendation 2	Priority level
<p>The Procurement risk register should be reviewed to ensure:</p> <ul style="list-style-type: none"> Current controls are stated; Actions are completed, with appropriate detail; Target dates are set and reviewed regularly. <p>The risk register should be reviewed on a regular basis, either as part of the Risk and assurance Group or Senior Management Team meeting.</p>	Medium
Management Response 2	Responsible Officer/ Deadline
<p>A full review of all risks has been undertaken since the audit, and the Risk Register has been updated. Going forward, a review of the Risk Register will be an agenda item at Procurement & Health Courier Services SMT on a quarterly basis to ensure that correct oversight is maintained.</p>	<p>Director of Procurement & Health Courier Services (1st March 2020)</p>

Finding 3 Sickness management (O)	Risk
<p>We reviewed a sample of sickness absences to confirm they had been managed in line with the All Wales Managing Attendance at Work Policy, specifically considering whether:</p> <ul style="list-style-type: none">• return to work meetings were completed promptly, with documentation fully completed and signed;• absences were covered by self and medical certificates where required; and• sickness triggers were actioned appropriately by management. <p>Out of the 18 sickness absences reviewed, the following exceptions were identified:</p> <ul style="list-style-type: none">• one did not have a return to work form on file;• two took over seven days to conduct the return to work interview (13 and 16 days); and• two absences that required medical certificates had certificates however these did not cover the full absence period; and• four took more than seven days to enter the absence (12, 20, 33 and 142 days)	<p>Sickness is not managed in accordance with the Managing Attendance at Work Policy.</p>

Recommendation 3	Priority level
<p>Managers should be reminded of the requirements of the All Wales Managing Attendance at Work Policy, ensuring that:</p> <ul style="list-style-type: none">• absences are entered promptly;• appropriate documentation is completed; and• medical certificates (as required) are provided to cover the full absence period.	Medium
Management Response 3	Responsible Officer/ Deadline
<p>It is expected that all sickness is managed as per policy and using the systems in place. The issues pointed out are reported upon by Workforce & OD, so Managers will be reminded of their responsibility to update the systems on every occasion.</p>	<p>Deputy Director of Procurement & Health Courier Services (1st March 2020)</p>


Finding 4 Declarations of Interest (O)	Risk
<p>Procurement staff who are band 6 or above are required to complete a Declaration of Interest (DOI) form and submit this to Corporate Services on an annual basis.</p> <p>We reviewed a list of Procurement staff (as at December 2019) and compared these against the Procurement DOI register (which is maintained by Corporate Services). We identified eight staff who have not completed a DOI:</p> <ul style="list-style-type: none"> • three band 7; and • five band 6. <p>We are advised that the above include staff who have recently been promoted and did not previously require a DOI.</p>	<p>Potential conflicts of interest are not identified and actioned appropriately.</p>
Recommendation 4	Priority level
<p>Declarations of Interest forms should be completed and submitted for the exceptions identified.</p> <p>Management should ensure that DOIs are submitted by all staff on an annual basis.</p>	<p>Medium</p>

Management Response 4	Responsible Officer/ Deadline
DOI's are already requested from all staff of Band 6 and above on an annual basis, however, this only takes place once a year at a single point in time. From the examples given, it appears that the staff listed were either not band 6's at the time (i.e.: have recently been promoted) or were absent at the time of the exercise. All Managers will be reminded that they need to ensure that all Band 6 staff and above need to have an up to date DOI at all times.	Director of Procurement & Health Courier Services (1 st March 2020)

Finding 5 Savings (O)	Risk
<p>Whilst there were documents in place to verify some savings, there are some areas where we were unable to verify the exact figure claimed as a saving, for example:</p> <ul style="list-style-type: none"> • A saving for 'vending', which is an income generation rather than a saving. The year to date figure stated is £37,000, which is based on estimated vends, however only approximately £20-25k a year is currently received. • SIP savings considers average spend prior to the project starting. We were provided with invoice amounts prior to transition to SIP and current invoice amounts, however we were advised that other elements would affect figures so whilst the figures are similar to the savings, we are unable to verify the amount of savings claimed (£21,668). <p>We recognise that these figures are based on estimates, and there will be a degree of uncertainty i.e. usage may vary or opportunities may not be utilised, which will affect the amount of actual savings. Whilst information is provided to health boards as part of savings reporting, the figures reported have been queried when health boards are unable to see the savings reflected in their budgets.</p>	<p>Health Boards do not agree with savings claimed.</p>


Recommendation 5	Priority level
<p>Management should continue to work with the FDU and Finance Directors to ensure that savings estimates, including the level of estimation uncertainty, are agreed with Trusts and Boards to minimise challenge during the year.</p>	<p>Low</p>
Management Response 5	Responsible Officer/ Deadline
<p>It needs to be understood that the savings declared at the point of reporting will usually be an estimate based upon previous usage or predicted usage, therefore will only be an accurate opportunity if current levels of usage are maintained. i.e.: if there is less usage then the savings will be less, and if there is more usage then the savings will be more. We are continuing to work with the FDU and Directors of Finance so that methodologies and understanding of savings are common and clear at all times.</p>	<p>Director of Procurement & Health Courier Services & Deputy Director of Procurement & Health Courier Services (1st March 2020 and ongoing)</p>

Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

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The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	5.1
PREPARED BY	Roxann Davies, Corporate Services
PRESENTED BY	Andy Butler, Director of Finance and Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Governance Matters

PURPOSE

The purpose of this paper is to provide the Audit Committee with a brief update on governance developments within NWSSP.

1. DEPARTURES FROM STANDING ORDERS

There have been no departures from the Standing Orders and financial regulations during the period.

2. CONTRACTS FOR NWSSP

The table overleaf summarises contracting activity undertaken during the period **10 October 2019 to 7 January 2020**. A summary of activity for the period is set out in **Appendix A**.

Description	No.
Invitation to competitive quote of value between £5,000 and £25,000 (exclusive of VAT)	3
Single Tender Actions	2
Invitation to competitive tender of value between £25,000 and the prevailing OJEU threshold (exclusive of VAT)	1
Invitation to competitive tender of value exceeding prevailing OJEU threshold (exclusive of VAT)	1
File Note	1
Single Quotation Actions	0
Direct Call Off against National Framework Agreement	0
Contract Extensions	0
Total	8

3. NWSSP PROCUREMENT SERVICES ALL WALES CONTRACTING ACTIVITY

During the period **2 October 2019 to 3 January 2020**, activity against **51** contracts have been completed. This includes **17** contracts at the briefing stage and **22** contracts at the ratification stage. In addition to this activity, extensions have been actioned against **12** contracts. A summary of activity for the period is set out in **Appendix B**.

4. STORES WRITE OFFS

The value of stores, at **31 December 2019**, amounted to **£3,252,050**. For the period **1 October 2019 to 31 December 2019**, a stock write-off of **£11,026.17** has been actioned for out of date stock. This equates to **0.33%** of the total stock holding value in **December 2019**.

Stock Type	Bridgend Stores £	Denbigh Stores £	Newport Stores £
Stock Value	1,532,125	786,004	933,922
Out of Date Stock	1,824.03	98.6	9103.54
Total	0.12%	0.01%	0.97%

These items were reviewed through the Stock Losses Protocol and stock write on/write off forms have been completed and authorised in line with the agreed Protocol.

5. GIFTS, HOSPITALITY & SPONSORSHIP

There have been **6** declarations made since the last Audit Committee meeting, of which; **4** related to hospitality, **2** related to gifts and **0** related to sponsorship. A summary of the declarations made is set out in **Appendix C**.

6. WELSH GOVERNMENT QUARTERLY UPDATE

On a quarterly basis, we issue a letter to Dr Andrew Goodall at Welsh Government to confirm any Audit Reports which have achieved limited or no assurance. For Quarter 3 of 2019-20, we submitted a nil return.

7. RECOMMENDATIONS

The Committee is asked to **NOTE** the report.

APPENDIX A - NWSSP Contracting Activity Undertaken (10/10/2019 – 07/01/2020)

No.	Trust	Division	Procurement Ref No	Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required
1.	VEL	NWSSP-WOD	NWSSP-OJEU-42596	16/12/2019	Invitation to Tender	GP and Primary Care Recruitment Tool - Phase 3	GPUK Support Services Ltd	£759,021.78	Open OJEU – based on M.E.A.T	Compliant, 12 suppliers viewed the opportunity, 2 response received	No action required
2.	VEL	NWSSP-SMTL	VEL-NWSSP-MQ-273328	16/12/2019	Request for Quote	Positive Pressure Liquid Leakage Tester	Enersol	£11,040.00	Open invitation to Quote – based on M.E.A.T	Compliant, 4 suppliers viewed the opportunity, 1 response received	No action required
3.	VEL	NWSSP-SMTL	Vel-NWSSP-MQ-273666	16/12/2019	Request for Quote	Compression Hoisery Testing Apparatus	Instron	£8,155	Open invitation to Quote – based on M.E.A.T	Compliant, 7 suppliers viewed the opportunity, 1 response received	No action required
4.	VEL	NWSSP-SES	VEL/NWSSP/F N/45	11/12/2019	File note	Purchase of access to an online library containing information from HSE, British standards, Trade associations and Legal organisations	UBM (UK) Ltd	£9,258.50	Only 2 suppliers available – based on lowest cost	Compliant – 2 Issued 2 response received	No action required
5.	VEL	NWSSP – HCS	NWSSP-STA-572	12/12/2019	Single Tender Action	Provision of a Temperature Scheduling and Dispatch System (CAD) for Health Courier Service and Supply Chain Vehicles	Cleric Computer Services	£39,965	12 month agreement to enable competitive exercise is completed	Endorsed	No action required
6.	VEL	NWSSP – IP5	NWSSP-IP5-584	03/01/2020	Invitation to Tender	IP5 Roof Repair	Waters Roofing Limited	£244,450	Open invitation to Tender – based on M.E.A.T	Compliant – 3 Issued 3 response received	No action required
7.	VEL	NWSSP – Corporate	NWSSP-STA-585	02/01/2020	Single Tender Action	Hire of car parking spaces at Maindy Centre January to December 2020	Greenwich Leisure Limited	£37,734	Only Parking facility available for Companies House	Compliant – 1 Issued 1 response received	No action required
8.	VEL	NWSSP-SC	NWSSP-MQ-276392	07/01/2020	Request for Quote	Stores Ride-on Sweeper	DIVERSEY LTD	£9365.00	Based on lowest cost	Compliant – viewed by 10 suppliers with 4 bids.	No action required

APPENDIX B - All Wales Contracting Activity In Progress (02/10/2019 – 03/01/2020)

No.	Contract Title	Doc Type	Total Value	MR approval <£750K	WG approval >£500k	NF approval £750-£1M	Chair Approval £1M+
1.	Dairy The contract consists of a variety of dairy products including cheeses, yoghurts, eggs and butter and is delivered on a direct delivery basis to all Health Boards and Trusts across Wales.	extension	£2,121,478	14/11/2019	n/a as NPS framework	13/11/2019	27/11/2019
2.	Milk The contract consists of a variety of Milk products, with high usage products mainly consisting of Semi-Skimmed and Whole Milk in various sizes.	extension	£2,247,248	27/09/2019	n/a as NPS framework	08/10/2019	09/10/2019
3.	Proprietary Drugs Proprietary Drugs are branded lines that are protected by a patent which can be produced only by the patent owner. This tender will focus on these patented drugs, but may include some drugs which have recently lost their patent protection. Since the beginning of 2018 twenty two new proprietary drugs have entered the market. These range from drugs to combat cancer, autoimmune diseases and MS amongst others. Making sure patients have access to the drugs that have the potential to greatly support their recovery is of critical importance.	briefing	£121,194,520	27/09/2019	22/10/2019	n/a	n/a
4.	Drapes Provision of Theatre Drapes including bags, pouches, equipment drapes, towels, specialist drapes, reusable drapes and associated accessories.	ratification	£6,543,958	04/10/2019	10/10/2019	14/10/2019	15/10/2019
5.	AB - A Fully Managed Low Carbon Vending Solution To provide a Low Carbon Fully Managed Vending Service to Patients, Staff and Visitors across Aneurin Bevan University Health Board. *revenue generated through use	ratification	£1,494,000*	07/10/2019	16/10/2019	trust gov applies	trust gov applies
6.	CVU - Safe Clean Care To appoint a contractor to facilitate improvements to clinical areas as requirements are identified by the Infection Prevention Group within the Central and East Regions. To expand the existing programme within the West Region.	ratification	£1,500,000	14/10/2019	21/10/2019	trust gov applies	trust gov applies
7.	Home Oxygen Services This contract provides a Home Oxygen Service to 5,167 (as per July 2018) Welsh patients in their own homes. As part of the service, patients are provided with equipment such as cylinders and concentrators which are installed maintained and replenished by the contractor.	ratification	£47,521,101	22/10/2019	30/10/2019	05/11/2019	13/11/2019
8.	Speciality Vascular Access Vascular Access devices have been on a compliant All Wales agreement for over 20 years. The agreement has changed dramatically since its inception, from being a contract solely focused on cannula's that were inserted into your hand. To now incorporating the following more specialist items. The forthcoming contract will continue to expand with further specialist items that had not previously been considered (see below). For this reason, we are renaming the contract Speciality Vascular Access to allow for the expansion	briefing	£6,989,855	22/10/2019	31/10/2019	n/a	n/a
9.	BCU - Water Hygiene Compliance The contract is required to ensure that hot and cold water services throughout the Health Board are compliant with the minimum standards as outlined within Welsh Health Technical Memorandum 04-01: Safe Water in Healthcare Premises.	briefing	£1,000,000	24/10/2019	05/11/2019	n/a	n/a

	BCUHB Operational Estates have worked with NWSSP Specialist Estates Services to develop a specification to outline the requirements necessary to meet these standards.						
10.	Urine Managed Service To establish a Managed Service for Urine investigation that will include instruments, consumables, and a bi-directional interface (Middleware linked to LIMS to assist in managing workflow and follow up culture and sensitivity testing) across the Microbiology Network	ratification	£1,112,170	24/10/2019	26/11/2019	26/11/2019	27/11/2019
11.	Anti-Embolism Stockings This contract is for the provision of Anti-Embolism Stockings to NHS Wales. Anti-Embolism Stockings are specialist hosiery that apply graduated compression to the lower limbs, discouraging the pooling of blood in the feet and legs. They are used on the majority of patients at risk of developing deep vein thrombosis (DVT). Accordingly, the usage associated with this contract is high across Welsh Health Boards.	ratification	£917,824	24/10/2019	01/11/2019	05/11/2019	n/a
12.	ENT Patient Assessment & Examination Consumables ENT assessment consumables can be used to carry out inspection as part of a physical examination of the ear, nose or throat that requires the use of a number of special instruments in order to assess the sensory function. When initially scoping the new contract it was identified that a number of existing contract items should be categorised within Surgical Instruments. These include a variety of Ear Probes/Hooks, Aural & Nasal Forceps, Myringotomy Knives, Suction Burs. Re-categorising these will ensure the most appropriate working group assess the specifications of these items.	briefing	£874,552	24/10/2019	n/a as under £1M	n/a	n/a
13.	BCU - Blood Gas Analyser Managed Service The Blood Gas Analyser Managed Service contract will include equipment, maintenance, consumables, reagents, information technology and training.	ratification	£1,544,458	28/10/2019	26/11/2019	trust gov applies	trust gov applies
14.	Generic Drugs, Tablets & Capsules To contract for generic tablets and capsules for purchase by All Wales hospital pharmacy departments, as requested by the All Wales Drug Contracting Committee.	ratification	£15,962,480	29/10/2019	06/11/2019	06/11/2019	13/11/2019
15.	Frozen Food This contract concerns the direct delivery of a range of Frozen Food Products to NHS hospitals within the participating Health Boards/Trusts across Wales.	Extension	£7,594,719	29/10/2019	original approval applies 29/11/13	05/11/2019	13/11/2019
16.	VEL - Print & Mail Outsourcing To provide all printed materials required for Screening Services, Vaccine Preventable Disease Programme and Health Protection/Improvement resources. In addition the fulfilment of invitation packs for Screening Services across Wales.	ratification	£3,300,000	15/11/2019	20/11/2019	26/11/2019	27/11/2019
17.	Generic Drugs Anti-infective This contract was for the re-tender of part of the current Generic Anti-Infective contract which is due to expire on 31 st January 2020. This re-tender included both antibacterial and antifungal drugs. The current contract included 27 contractors, supplying 120 lines. All lines included are Generic Anti-Infective drugs purchased by the pharmacy departments in Wales.	ratification	£5,009,036	05/11/2019	08/11/2019	11/11/2019	13/11/2019
18.	Dressings IV The current Dressings IV contracts focused on antimicrobial, semi-permeable and vapour permeable dressings the scope of the contract includes: Antimicrobial, Semi-permeable/vapour-permeable, Fixation Devices	briefing	£1,619,197	12/11/2019	20/11/2019	n/a	n/a

19.	Fruit & Veg (NPS) To provide fresh, prepared and non-prepared fresh fruit and vegetables to all participating Health Boards/ Trusts	ratification	£938,431	08/11/2019	n/a as NPS framework	11/11/2019	n/a
20.	Human Blood Derived Products The Welsh Blood Service operate a wholesaling service to All Wales LHB's/Trusts. Due to shortages within this global market it is necessary to ensure that some of the products i.e. Immunoglobulin's, have all the brands available on contract. This will ensure continuity of supply and will allow the Welsh Blood Service to stock any product ordered through their wholesaling service. Welsh Blood Service order either via directly with the supplier or via a nominated wholesaler.	briefing	£48,190,452	15/11/2019	26/11/2019	n/a	n/a
21.	Fuel Oils and ULSD The All Wales contract is for the supply of Gas oil, Kerosene, and Ultra Low Sulphur Diesel (ULSD) to NHS sites across Wales primarily used for stand-by generators.	extension	£6,793,420	12/11/2019	original approval applies 19/10/15	11/11/2019	13/11/2019
22.	HDDA – KPMG To provide specialist expertise in delivery of the Health Board Financial Plan and to recurrently benefit the financial position in future years.	ratification	£995,000	15/11/2019	REJECTED BY WG - REASONS FED BACK DIRECTLY TO HEALTH BOARD 25/11/19		
23.	Patient Sandwiches A direct award was undertaken through Lot 3 of the NPS framework agreement to award Prepared Sandwiches (Patient) It is proposed this contract be extended until November 2020, by which time Procurement Services will be looking to put into place a new All Wales agreement for Sandwiches.	extension	£2,580,300	13/11/2019	n/a as NPS Framework	13/11/2019	13/11/2019
24.	AB - Adult Mental Health Bespoke Repatriation Service As part of an ambitious work programme aimed at transforming services for people with complex mental health needs, Aneurin Bevan University Health Board (hereafter referred to as ABUHB), are seeking to commission a transformational, new, local, community based, bespoke, flexible service for patients returning from low secure hospital placements and locked rehabilitation facilities	briefing	£1,568,000	20/11/2019	03/12/2019	n/a	n/a
25.	Textured Modified Food A direct award was undertaken through Lot 2 of the NPS framework agreement to award Texture Modified Meals to NH Case upon expiration of the previous All Wales agreement.	extension	£1,522,000	20/11/2019	n/a as NPS framework	26/11/2019	27/11/2019
26.	IV Iron The IV Iron products currently sits within the Proprietary contract but it has been decided that we will tender them separately and bring them in line with our ESA contract. Iron is very important in maintaining many body functions, including the production of haemoglobin, the molecule in your blood that carries oxygen. Iron is also necessary to maintain healthy cells, skin, hair, and nails.	briefing	£6,728,838	22/11/2019	09/12/2019	n/a	n/a
27.	Heparins & Anticoagulants Anticoagulants, commonly known as blood thinners, are chemical substances that prevent or reduce coagulation of blood, prolonging the clotting time. Anticoagulants interfere with the proteins in your blood that are involved with the coagulation process. These proteins are called factors. Different anticoagulants interfere with different factors to prevent clotting. The contract will also includes both unfractionated and low molecular weight heparins (LMWH). The LMWH products make up 95% of the total spend, as they are more widely used, primarily due to having fewer risks and side effects, because of the product's low molecular weight. LMWH is also administered by subcutaneous injection, which is often preferable and easier to administer than the	briefing	£21,618,564	22/11/2019	09/12/2019	n/a	n/a

	unfractionated heparins, which are administered as an intravenous injection, in high doses. Each of the LMWH have different license indications.						
28.	BCU - Critical Care Isolation facilities The Critical Care Isolation Facilities project is a capital-funded programme and has been developed in response to issues raised by BCUIB HDU (High Dependency Unit) and MDU (Medical Decision Unit) Clinical Team. The scope of the works will see the MDU relocated to the Rehab Template thus allowing 2no Isolation Suites to be provided in the vacated MDU area.	briefing	£1,743,897	29/11/2019	18/12/2019	n/a	n/a
29.	Ambient Groceries This contract was established in December 2016 and was an amalgamation of several other ambient agreements including the following: Ambient Groceries (stock contract), Ambient Groceries direct delivery, Canned Fruit/veg, Canned Fish, Canned Tomatoes, Patient Snacks.	extension	£3,364,401	29/11/2019	original approval applies 30/08/2016	sent to NF 3/12	
30.	NPS Packaged Food & Beverages Linked to the ambient groceries contract.	extension	£1,274,015	29/11/2019	N/A as NPS framework	sent to NF 3/12	
31.	Vertex Commercial Agreement CA in place for Lumacaftor-Ivacaftor, Tezacaftor-Ivacaftor and Ivacaftor to purchase for use by All Wales hospital pharmacy departments, as requested by Welsh Government,	ratification	£16,250,000	27/11/2019	sent to WG 27/11		
32.	CVU - Eye Care Digitisation Programme The need for a digital record for eye care is well recognised in the UK and internationally as a requirement for modern ophthalmic care. Hospital based Ophthalmology is second only to radiology in its use of images to manage patient care and it is the second highest volume outpatient service. Eye care digitisation supports NHS Wales' strategic direction of providing appropriate care closer to home, supporting people to maintain their independence by reducing sight loss and the burden of blindness as well as meeting the quadruple aim. The Welsh Government's Together for Health: Eye Health Care Delivery Plan for Wales 2013-2020 has as one its ten priorities, the digitisation of eye care, both referral and Electronic Patient Record (EPR), as a key enabler for the improved performance and delivery on the planned care pathways for eye care.	ratification	£1,420,723	29/11/2019	16/12/2019	trust gov applies	trust gov applies
33.	HDDA - Allocate e-Roster System To provide an urgently needed upgrade to the clinical rostering systems within Hywel Dda. This forms a fundamental part of the efficiency savings and recovery planning.	ratification	£944,343	09/12/2019	20/12/2019	trust gov applies	trust gov applies
34.	CVU - Asbestos Remediation Works In order to improve the process, and ensure value for money is applied consistently across the requirements, C&V UHB wishes to establish an Asbestos Works Framework which will be used to appoint contractors for general asbestos schemes. Once operational, it will enable the Estates team direct access to an efficient and cost effective local supply base.	ratification	£750,000	04/12/2019	09/12/2019	trust gov applies	trust gov applies
35.	CVU - Electrical Refurbishment & Upgrade Framework In order to improve the process, and ensure value for money is applied consistently across the requirements, C&V UHB wishes to establish an Electrical Works Framework which will be used to appoint contractors for general electrical schemes. Once operational, it will enable the Estates team direct access to an efficient and cost effective local supply base.	ratification	£1,125,000	04/12/2019	10/12/2019	trust gov applies	trust gov applies
36.	CVU - Mechanical Refurbishment & Upgrade Framework In order to improve the process, and ensure value for money is applied	ratification	£1,125,000	04/12/2019	09/12/2019	trust gov applies	trust gov applies

	consistently across the requirements, C&V UHB wishes to establish a Mechanical Works Framework which will be used to appoint contractors for general mechanical schemes. Once operational, it will enable the Estates team direct access to an efficient and cost effective local supply base.						
37.	BCU - Winter Gritting & Snow Clearance To ensure continuity of service during the winter months, the Health Board have invited tenders to fulfil a long-term contract for winter gritting and snow clearance services.	ratification	£557,840	10/12/2019	sent to WG 10/12	n/a	n/a
38.	Generic Injections/Infusions 1 All products tendered on this contract will be Generic and as such will have the potential for competitive bids to be offered, this level of competition will vary across the various lines which are tendered. Where competition is good savings will be achievable, which should ensure the overall contract value will be lower than the current value above for like items.	briefing	£17,463,373	04/12/2019	sent to WG 4/12	n/a	n/a
39.	Surgeons Gloves A surgeon's glove ensures safety for the surgeon, their team, and patients. Infection prevention and control in the operating theatre is of critical importance. Surgeons gloves need to be able to exhibit a minimum strength, provide a barrier against microorganisms during use, and fit the user correctly. They should also be safe for the user to wear and have a reasonable shelf life.	briefing	£3,779,655	04/12/2019	sent to WG 4/12	n/a	n/a
40.	Vaccines This contract consists of Adult Vaccines only, as Childhood Vaccines are purchased from the National Framework which CMU tender for. We have 18 lines included on the contract which include varying strengths of Hepatitis A and B, Varicella, Typhoid and Pneumococcal.	extension	£1,045,713	10/12/2019	original approval applies 29/11/16	sent to NF 11/12	
41.	Disinfectants This contract consists of all Hard Surface and Skin Disinfectants purchased through Pharmacy Departments. These include Alcohol wipes, Chlorhexidine and ethanol wipes, Chlorhexidine Gluconate solutions, Chlorhexidine Gluconate sprays, Chlorhexidine Gluconate scrubs, Chlorine Releasing tablets, Chloraprep, Industrial Methylated Spirit, Isopropyl Swabs and Povidone Iodine Solution.	extension	£2,961,949	10/12/2019	original approval applies 29/11/16	sent to NF 11/12	
42.	IV Irrigation Solutions This contract is for all parenteral preparations for fluid and electrolyte imbalance and irrigations solutions that are purchased by hospital pharmacy departments in Wales.	extension	£4,833,450	13/12/2019	Original approval applies 20/1/19	sent to NF 13/12	
43.	Generic Drugs - Oral Liquids This contract consists of all Generic liquids, syrups, solutions, suspensions and powders purchased through Pharmacy Departments.	briefing	£5,060,760	13/12/2019	02/01/2020	n/a	n/a
44.	Generic Drugs - Tabs & Capsules 2 To contract for generic tablets and capsules for purchase by All Wales hospital pharmacy departments, as requested by the All Wales Drug Contracting Committee.	briefing	£2,067,653	13/12/2019	sent to WG 13/12	n/a	n/a
45.	HDDA - Orthodontic Service Hywel Dda University Health Board (HDUHB) is seeking to commission high quality NHS Orthodontic Services to be delivered in primary care settings for patients across Carmarthenshire, Ceredigion and Pembrokeshire. The service will provide Orthodontic (mandatory) NHS dental services to all patient demographics where appropriate.	ratification	£1,063,960	13/12/2019	sent to WG 13/12		

46.	VEL - GP Reporting tool Following 'A Healthier Wales' and its adoption under the Primary Care Model for Wales a critical component of modernising the workforce infrastructure is understanding the workforce demographic and acting quickly to recruit into the multi-disciplinary teams. This contract is seen as an investment in the development of the wider primary care workforce and will be required to interface with pre-existing NWSSP primary care infrastructure. This contract will allow for the reporting from the previously awarded phases of the program for advertising and recruitment of primary care positions, initially Locums. The data intelligence from this contract will inform future workforce and recruitment strategies for the primary care sector.	ratification	£759,022	16/12/2019	sent to WG 16/12		n/a
47.	Suction Canisters & Liners Suction Canisters & Liners are used as a temporary storage container for secretions or fluids removed from the body. These fluids or secretions may come from the patient's lungs, stomach or wounds. The suction canister may be seen attached to the wall of the patient's room or resting on the floor next to the patient's bed. The liners are disposable and sit inside the canister. The liners can contain or have a gelling agent inserted that solidifies the liquids for disposal purposes. Suction Canisters & Liners are also placed onto trolleys or stands known as carousels for use in Theatres.	briefing	£1,457,560	18/12/2019	sent to WG 18/12		
48.	Motor Fleet Insurance Due to the nature of the Motor Fleet Insurance, being dynamic with changes to vehicles numbers, drivers and risk profile, the competition for Insurance must take place close to the contract start date to ensure that risk profiles are as up-to-date and accurate as possible. As a consequence, the ratification document will be issued to stakeholders post contract award (1 st March 2020).	briefing	£3,611,880	18/12/2019	sent to WG 18/12		
49.	Laryngectomy & Tracheostomy Tracheostomy is a procedure for patients who require emergency airway support. A laryngectomy is the permanent removal of the Larynx. Tracheostomy tubes comes in a variety of sizes and styles for example cuff or cuff less, extra length, fixed length or fenestrated.	briefing	£2,463,862	sent to JI 18/12			
50.	Adult Mental Health - Multiple Lots The service is targeted at adults with a functional mental health need who live in Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and are known to the Aneurin Bevan University Health Board (ABUHB) Primary Care Mental Health Support Service or the ABUHB Secondary Care Mental Health Service.	ratification	£2,620,000	20/12/2019	sent to WG 20/12		
51.	Incontinence Products The contract is for the supply and delivery of disposable and washable (reusable) incontinence products to Secondary Care and Primary Care patients. This service includes deliveries to NWSSP Supply Chain Stores, as well as deliveries to individual patients' residences.	extension	£29,630,260	03/01/2020	original approval applies 06/06/17	Sent to NF 3/1	

APPENDIX C – GIFTS, HOSPITALITY AND SPONSORSHIP DECLARATIONS (Quarter 3 of 2019-20)

No.	NWSSP Employee / Directorate	Type of Sponsorship	Date of Event	Donated by / Source of Hospitality	Description	Estimated or Approximate Value	Approved	Accepted (Yes/No)	Date of Acceptance or Approval
1.	Mary Swiffen-Walker, WIBSS Manager, Finance and Corporate Services	Gift	31/07/2019	Anonymous Welsh Infected Blood Support Service (WIBSS) Beneficiary	Painting received from beneficiary of Welsh Blood Enquiry, to remain anonymous	Unknown (Estimated £100)	A Butler	Yes	31/10/2019
2.	Mark Roscrow, Programme Director, Procurement Services	Hospitality	05/12/2019	HFMA (Healthcare Financial Management Association)	Annual Gala Dinner and Awards Ceremony	£80	N Frow	Yes	11/11/2019
3.	Mark Roscrow, Programme Director, Procurement Services	Hospitality	05/11/2019	HFMA (Healthcare Financial Management Association)	HFMA Board Dinner at The Park House, Cardiff	£75	N Frow	Yes	11/11/2019
4.	Lesley Cook, Lead Nurse Clinical Procurement, Procurement Services	Hospitality	19/01/2019	GAMA Clinell, Hertfordshire	Travel to Watford for demonstration and viewing of HPV and UVC Decontamination System	£150	N Frow	Yes	11/11/2019
5.	Maryam Page, Payment Officer, Accounts Payable, Finance and Corporate Services	Gift	18/12/2019	Fresh Communications Leicester	£20 NEXT Gift Voucher as thanks for resolution of overdue invoice payment. Sent through Royal Mail and subsequently donated to Velindre Fundraising	£20	A Ramsey	Yes (Donated to Velindre Fundraising)	19/12/2019
6.	Neil Frow, Managing Director	Hospitality	29/01/2020	Canon Medical Carrington	Illuminate Event	Unknown	M Foster	No	10/01/2020



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	5.2
PREPARED BY	Roxann Davies, Corporate Services
PRESENTED BY	Roxann Davies, Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Update on the Implementation of Audit Recommendations
PURPOSE This report provides an update to the Audit Committee on the progress of tracking audit recommendations within NWSSP. In this report, the base position has been taken from the previous report presented to the Audit Committee. Therefore, please note that this report does not include figures and assurance ratings for the audit reports listed on the present Audit Committee agenda.	

1. INTRODUCTION

NWSSP records audit recommendations raised by Internal Audit, Wales Audit Office and other external bodies, as appropriate. It is essential that stakeholder confidence is upheld and maintained; an important way in which to enhance assurance and confidence is to monitor and implement audit recommendations in an effective and efficient way. It is important to note that during 2018, the Audit Tracker achieved **Substantial Assurance**, following an Internal Audit.

At the October 2019 meeting, the annual review of active recommendations recorded on the master tracker was presented for the Committee's assurance and information.

2. CURRENT POSITION

The detailed recommendations raised in respect of our services have been captured in a detailed tracking database. A copy of the summary extract is attached at **Appendix A**, for your information.

There are **41** reports covered in this review; **8** reports have achieved **Substantial** assurance; **20** reports have achieved **Reasonable** assurance, **0** reports have been

awarded **Limited** assurance or **No Assurance**; and **13** reports were generated with **Assurance Not Applicable**. The reports include **181** recommendations for action.

The following reports were categorised as **Assurance Not Applicable**:

- **6** Internal Audit Advisory Reports
- **2** Wales Audit Office Reports
- **1** SGS UK Ltd ISO14001:2015 Audit Report
- **1** Information Commissioner's Office Training Audit Report
- **1** Physical Security Review Report
- **1** WAO Management Letter for Cardiff and Vale University Health Board (1 X finding added for monitoring progress, as applicable to NWSSP)
- **1** Audit of Financial Statements Report and Management Letter for Velindre University NHS Trust (1 X finding added for monitoring progress, as applicable to NWSSP)

Table 1 - Summary of Audit Recommendations

Recommendations		Implemented	Not Yet Due	Revised Deadline	Overdue	Not NWSSP Action
Internal Audit	125	123	2	0	0	0
High	10	10	0	0	0	0
Medium	62	61	1	0	0	0
Low	53	52	1	0	0	0
Not Applicable	0	0	0	0	0	0
External Audit	25	22	3	0	0	0
High	0	0	0	0	0	0
Medium	23	20	3	0	0	0
Low	2	2	0	0	0	0
Not Applicable	0	0	0	0	0	0
Other Audit	31	30	1	0	0	0
High	4	4	0	0	0	0
Medium	7	6	1	0	0	0
Low	20	20	0	0	0	0
Not Applicable	0	0	0	0	0	0
TOTALS:	181	175	6	0	0	0

3. REVISED DEADLINES FOR APPROVAL

There are currently **zero recommendations** categorised as **Overdue** (not been implemented within their target completion date) to bring to the Committee's attention.

4. RECOMMENDATIONS

The Audit Committee are asked to:

- **NOTE** the report findings and progress made to date regarding implementation of audit recommendations.

SUMMARY OF LATEST AUDIT REVIEWS BY SERVICE AREA												
Internal Audit Reference	Reference	Directorate	Health Board/Trust	Report Title	Year	Assurance Rating	Recommendations	Implemented	Not Yet Due	Revised Deadline	Overdue	Not NWSSP Action
INTERNAL AUDIT REPORTS												
NWSSP-1718-03	CORP/17-18/2	Corporate Services	NWSSP	Non-Medical Education Training Budget	2017-18	Substantial	3	3	0	0	0	0
NWSSP-1718-12	CORP/17-18/3	Corporate Services	NWSSP	Audit Tracker Review	2017-18	Substantial	2	2	0	0	0	0
NWSSP-1718-16	CORP/17-18/4	Corporate Services	NWSSP	Corporate Governance	2017-18	Substantial	2	2	0	0	0	0
NWSSP-1718-06	CORP/17-18/5	Corporate Services	NWSSP	Surgical Materials Testing Laboratory (SMTL)	2017-18	Reasonable	3	3	0	0	0	0
NWSSP-1718-09	CORP/17-18/6	Corporate Services	NWSSP	Performance Management	2017-18	Reasonable	3	3	0	0	0	0
NWSSP-1819-02	CORP/17-18/6	Corporate Services	NWSSP	BACS Bureau Review	2018-19	Advisory Report	4	4	0	0	0	0
NWSSP-1819-04	CORP/18-19/1	Corporate Services	NWSSP	Wales Infected Blood Support Scheme	2018-19	Reasonable	10	10	0	0	0	0
NWSSP-1819-10	CORP/18-19/2	Corporate Services	NWSSP	Welsh Language Standards	2018-19	Reasonable	3	3	0	0	0	0
NWSSP-1819-14	CORP/18-19/3	Corporate Services	NWSSP	Risk Management and Assurance	2018-19	Substantial	2	2	0	0	0	0
NWSSP-1819-07	CORP/18-19/4	Corporate Services	NWSSP	Business Continuity Planning	2018-19	Reasonable	3	3	0	0	0	0
NWSSP-1819-11	CORP/18-19/5	Corporate Services	NWSSP	General Data Protection Regulation (GDPR)	2018-19	Substantial	3	3	0	0	0	0
NWSSP-1920-08	CORP/19-20/1	Corporate Services	NWSSP	Performance Reporting	2019-20	Substantial	1	1	0	0	0	0
NWSSP-1920-04	CORP/19-20/2	Corporate Services	NWSSP	IR35	2019-20	Reasonable	4	2	2	0	0	0
TOTAL							43	41	2	0	0	0
	EMP/16-17/2	Employment Services	All Wales	TRAC System	2016-17	Reasonable	3	3	0	0	0	0
NWSSP-1718-10	EMP/17-18/1	Employment Services	All Wales	Payroll Services	2017-18	Reasonable	6	6	0	0	0	0
TOTAL							9	9	0	0	0	0
NWSSP-1819-15	PCS/18-19/1	Primary Care Services	All Wales	Patient Medical Records Store and Scan on Demand Service	2018-19	Reasonable	6	6	0	0	0	0
NWSSP-1819-06	PCS/18-19/2	Primary Care Services	All Wales	Contractor Payments	2018-19	Substantial	3	3	0	0	0	0
TOTAL							9	9	0	0	0	0
	PROC/16-17/3	Procurement Services	All Wales	Supplier Master File Follow Up	2016-17	Reasonable	2	2	0	0	0	0
	PROC/16-17/4	Procurement Services	Velindre/PHW	Local Procurement Team	2016-17	Reasonable	5	5	0	0	0	0
	PROC/16-17/5	Procurement Services	All Wales	Denbigh Stores	2016-17	Reasonable	7	7	0	0	0	0
NWSSP-1718-19	PROC/17-18/1	Procurement Services	ABMU	Carbon Reduction Commitment (CRC) Payment Review	2017-18	Advisory Report	5	5	0	0	0	0
NWSSP-1718-01	PROC/17-18/2	Procurement Services	All Wales	WAO Audit RKC Associates Lessons Learned by NWSSP	2017-18	Advisory Report	2	2	0	0	0	0
NWSSP-1718-11	PROC/17-18/3	Procurement Services	All Wales	Accounts Payable	2017-18	Reasonable	6	6	0	0	0	0
NWSSP-1819-01	PROC/18-19/1	Procurement Services	All Wales	Health Courier Services	2018-19	Reasonable	7	7	0	0	0	0
NWSSP-1819-08	PROC/18-19/2	Procurement Services	All Wales	Cwmbran Stores	2018-19	Reasonable	2	2	0	0	0	0
NWSSP-1819-13	PROC/18-19/3	Procurement Services	All Wales	Purchase To Pay	2018-19	Reasonable	4	4	0	0	0	0
TOTAL							40	40	0	0	0	0
SSU SES 1819 01	SES/18-19/1	Specialist Estates Services	All Wales	Primary Care Rental Reimbursement Reviews	2018-19	Reasonable	7	7	0	0	0	0
TOTAL							7	7	0	0	0	0
	WORK/16-17/1	Workforce	All Wales	WfIS ESR OH Bi-Directional Interface	2016-17	Reasonable	4	4	0	0	0	0
NWSSP-1718-17	WORK/17-18/1	Workforce	All Wales	WfIS ESR / Occupational Health Bi-Directional Interface (Immunisations)	2017-18	Substantial	1	1	0	0	0	0
NWSSP-1718-04	WORK/18-19/1	Workforce	All Wales	GP Specialty Training Registrars	2018-19	Reasonable	4	4	0	0	0	0
NWSSP-1819-09	WORK/18-19/2	Workforce	NWSSP	Annual Leave Management	2018-19	Reasonable	5	5	0	0	0	0
NWSSP-1819-05	WORK/18-19/3	Workforce	NWSSP	Recruitment and Retention	2018-19	Advisory Report	3	3	0	0	0	0
TOTAL							17	17	0	0	0	0
WALES AUDIT OFFICE EXTERNAL AUDIT REPORTS												
	WAO/18-19/1	All Services	All Wales	WAO Management Letter	2018-19	Not Applicable	3	3	0	0	0	0
	WAO/18-19/2	All Services	All Wales	WAO Nationally Hosted NHS IT Systems Assurance Report	2018-19	Not Applicable	22	19	3	0	0	0
TOTAL							25	22	3	0	0	0
OTHER AUDIT REPORTS												
	ICO/17-18	Corporate Services	NWSSP	Information Commissioner's Office (ICO) Training Audit	2017-18	Not Applicable	10	10	0	0	0	0
	ISO14001/18-19	Corporate Services	NWSSP	SGS UK Ltd Audit of ISO14001 Environmental Management System	2018-19	Not Applicable	1	1	0	0	0	0
	SECURITY/18-19	Corporate Services	NWSSP	Physical Security Review of NWSSP	2018-19	Not Applicable	18	18	0	0	0	0
	Cardiff/WAO/F7	Corporate Services	NWSSP	WAO Management Letter for Cardiff and Vale University Health Board	2018-19	Not Applicable	1	1	0	0	0	0
	Velindre/WAO/F3	Corporate Services	NWSSP	Audit of Financial Statements Report and Management Letter for Velindre University NHS Trust	2018-19	Not Applicable	1	0	1	0	0	0
TOTAL							31	30	1	0	0	0
TOTAL RECS							181	175	6	0	0	0

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	5.3
PREPARED BY	Peter Stephenson, Head of Finance and Business Development
PRESENTED BY	Peter Stephenson, Head of Finance and Business Development
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Corporate Risk Register – January 2020

PURPOSE

To provide the Audit Committee with an update as to the progress made against the organisation's Corporate Risk Register.

1. INTRODUCTION

The Corporate Register is presented at **Appendix 1** for information.

2. RISKS FOR ACTION

The ratings are summarised below in relation to the Risks for Action:

Current Risk Rating	January 2020
Red Risk	2
Amber Risk	6
Yellow Risk	3
Green Risk	0
Total	11

2.1 Red-rated Risks

Risk A1 - Demise of the Exeter Software System

Current Risk Score: Red 20

The final business case was approved by both the Shared Services Partnership Committee and the Velindre Trust Board at their most recent

meetings. The Northern Ireland model is the preferred option and we are awaiting confirmation from Welsh Government of the funding for this.

Risk A3 - NHS Digital are withdrawing the Ophthalmic Payment service from the end of March 2020.

Arrangements are in place to develop an in-house solution to address this issue, using software that has previously been used by the Student Awards Service. Resources have been diverted to develop the solution and it is envisaged that this will be in place ahead of the switch-off by NHS Digital. If however, for any reason the new system was not ready in time, contingency arrangements are in place to enable NWSSP to continue to make payments.

2.2 Changes to Risk Profile

One new risk has been added to the Risk Register since the last meeting of the Committee in October. This relates to the future intentions of the landlord for the site at Mamhilad.

One risk has also been removed from the Register since the last meeting relating to the ability to demonstrate the value that NWSSP brings to NHS Wales. The work undertaken on the Performance Framework and KPIs is considered sufficient to have successfully mitigated this risk.

3. RISKS FOR MONITORING

There are two risks that have reached their target score and which are rated as follows:






Current Risk Rating	January 2020
Red Risk	0
Amber Risk	0
Yellow Risk	2
Green Risk	0
Total	2

4. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the Corporate Risk Register.

Corporate Risk Register

Corporate Risk Register												
Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	Risks associated with the demise of the Exeter system coming to an end in 2015, with no replacement system designed for NHS Wales. The contract in NHS England has been outsourced to Capita. (Added Apr 2017)	4	5	20	Establishment of NHS Wales Steering Group. High level option appraisal undertaken. Mapping exercise completed with Capita and PCS subject matter experts to identify gaps between NHSE and NHSW. Legal Counsel advice received.	4	5	20	Confirm WG funding - DH (31/12/19)	The final business case has been approved by both the SSPC and the Velindre Trust Board at their most recent meetings. The Northern Ireland model is the preferred option and we are awaiting confirmation from Welsh Government of the funding for this.		30-Jun-20
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Failure to obtain clinical engagement in assessing non-stock requirements stemming from a no-deal Brexit (added Apr 2019)	5	5	25	Storage facility in place (IP5) that has been adequately stocked to cope with a no-deal Brexit. Regular system testing being undertaken to test resilience. This risk aligns only to the replacement of the GMS payments element of NHAIS.	3	4	12	Taken decision to procure all critical non-stock items as a contingency.	Brexit deadline extended to 31 January 2020. Both stock and non-stock items have been procured and can be utilised should there be a no-deal Brexit.		31-Jan-20
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
A3	NHS Digital are withdrawing the Ophthalmics Payment service from the end of March 2020. (Added June 2019)	5	5	25	Contingency arrangements in place in the event of NHS Digital switching off services before new solution in place.	4	4	16	Developing in-house solution making use of K2 software. This was used to develop the Student Awards Service. The decision to move to a bespoke development and not to engage with CAPITA relates mainly to the fact that WG sources suggest a move away from the traditional approach in delivering eye services into the community and the delivery of an updated contract in Wales. If this is the case then outsourcing would likely result in	Decision undertaken to utilise the software analyst and development inside PCS to undertake some rapid development of a replacement GOS/EHEW claims processing system. With immediate effect, resources will be diverted from other programmes of work in the PCS development plan. Resources are budgeted to come on-stream from January 2020.		31-Mar-20
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A4	NWSSP are unable to recruit and retain sufficient numbers and quality of staff for certain professional services (Procurement Services) resulting in a potential failure to meet desired performance targets and/or deliver service improvements. (Added April 2017)	5	4	20	Staff Surveys & Exit Interviews Monitoring of turnover and sickness absence Workforce & OD Framework Work with Great With Talent to develop On-Boarder, Absence & Exit questionnaires (3, 6 and 12 months) Development of Clerical Bank Strengthened relationship with local universities Work-based degree opportunities in some professional services Use of Social Media Use of Recruitment Consultants Targeted Advertising - Trade Journals	4	3	12	Exit interviews to assess rationale for staff leaving employment - 31 Mar 2018 (HR) - on hold due to procurement tender exercise	Recruitment and retention remains a concern, particularly within professional posts primarily with the procurement services function. Recruitment has improved in other professional functions. Work is taking place with all services to have in pace agile recruitment and retention strategies to attempt to address these concerns, utilising available data and information.		31-Mar-20
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		
A5	NWSSP's lack of capacity to develop our services to deliver further efficiency savings and introduce innovative solutions for NHS Wales and the broader public sector. (Added April 2017)	4	4	16	IMTP Horizon scanning days with SMT and SSPC to develop services Established new Programme Management Office (PMO) IT Strategy Regular reporting to SMT and SSPC	2	3	6	1. Implementation of project management software (AB) 2. Invest in Robotic Process Automation (AB)	1. Procurement pilot project completed - currently being rolled out in NWSSP 2. RPA pilot in progress - update to July SMT and further update to Dec 2019 SMT		31-Mar-20
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		

A6	Lack of effective succession planning at a senior level will adversely impact the future and strategic direction of NWSSP due to the age profile of the SMT. (added April 2017)	4	3	12	Workforce & OD Framework On-going development of existing staff to ensure a ready supply of staff to meet the maturing organisation's needs. Leadership Development Programmes	3	3	9	1. Develop a plan which includes likely key dates for each of the affected services and which prioritises succession planning based on proximity of risk (HR) 31 Dec 18 2. NHS Wales Leadership Programme - identify key staff with potential for future development and encourage them to undertake the leadership programme - (HR) 31 Dec 18 3. National Succession Strategy for NHS Wales - participate in the work of the national group and identify high performing staff who may be eligible for consideration to support succession planning requirements - (HR) 31 Dec 18	Recent appointments of senior staff have helped to address this risk.	➔	31-Mar-20
	Strategic Objective - Staff									Risk Lead: Director of Workforce and OD		
A7	Operational performance is adversely affected through the use of some out-of-date software systems, lack of consistent IT support across NHS Wales resulting in interoperability issues and the limited capacity of NWIS to meet the demand for IT development to develop our services. (added April 2017)	4	5	20	Created a Business Systems and Informatics Department Service Level Agreement (SLA) in place with NWIS Significant additional capital funding obtained from Welsh Government in prior year for IT investment Development of draft IT strategy Quarterly Reporting of Performance to SMT Internal Audit review of BCP - Reasonable Assurance (May 19)	1	4	4	1. Finalise IT Strategy for NWSSP, to include an IT replacement strategy - complete 2. Consolidate Desktop support from one strategic partner - currently a mix of arrangements (NWIS & BCU) - 31 Mar 2019 (AB) 3. Finalise Cyber Security Action plan - complete 4. Develop an overarching Business Continuity plan for NWSSP incorporating operational, IT and building requirements and test the plan annually - complete 5. Undertake review of IT Service provision.	All actions on track and a consultant from the Wales Quality Centre is currently working with NWSSP to enhance BCP arrangements. 1. Completed 2. Ongoing 3. Completed 4. Completed - plan developed and tested in Sept. 5. Being undertaken in early part of 2020	➔	31-Mar-20
	Strategic Objective - Excellence									Risk Lead: Director of Finance & Corporate Services		
A8	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019)	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	3	3	9	1. Increase level of counter fraud resource (AB 30/6/19) 2. Implement actions from Fighting Fraud Strategy (PS 30/9/19) 3. Formally present Counter Fraud Work Plan to SMT (AB 31/05/19)	Discussion with Craig Greenstock on 2/4/19 to increase level of resource. Fighting Fraud Strategy approved by CFSG on 26/3/19, and signed off by DoFs and WG in June. Action Plan developed to implement initiatives to meet agreed objectives. Craig provided update to June 2019 SMT. Met with WG 2/7/19 to discuss Ophthalmics review	➔	31-Mar-20
	Strategic Objective - Value For Money									Risk Lead: Director of Finance & Corporate Services		
A9	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019)	5	5	25	Cyber Security Action Plan Stratia Consulting Review IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19	2	5	10	Consider introduction of mandatory cyber security e-learn (AB 30/06/19) Follow up progress with Cyber Security Plan (AB 30/09/19) Complete actions from internal audit review of BCP (PS 30/09/19) Promote use of Self-Serve ESR (GH 30/09/19) Move all desktop devices to Windows 10 by the Windows 7 end of support (PS 30/06/20) Undertake further IA review of Cyber Security	Nick Lewis presented update to October 2019 Audit Committee and due to present to SMT. E-learn to be introduced December 2019 Windows 10 migration to be completed by June 20	➔	31-Mar-20
	Strategic Objective - Service Development									Risk Lead: Director of Finance & Corporate Services		
A10	Risk to services provided at Mamhilad following notice that Landlord may look to sell site for housing from 2023. (added Nov 2019)	5	4	20	Additional space available in IP5.	3	3	9	Meeting scheduled for 18 November to discuss risk.	Meeting held as planned on 18 Nov. As not likely to happen until 2023, agreed to revisit at end of 2020 and consider space options in IP5.	✳	31-Dec-20
	Strategic Objective - Staff									Risk Lead: Director of Finance & Corporate Services		
A11	Failure to comply with Welsh Language requirements and capacity to meet the increased demand for Welsh translation services resulting from the implementation of the Welsh Language Standards leading to reputational damage for NWSSP. (added April 2017)	3	4	12	Welsh Language Officer appointed Staff required to populate Welsh language skillset in ESR Welsh Language Translator appointed WL awareness is included within the face to face corporate induction training day Accredited WL training in place at several NWSSP sites WL monitoring report submitted to SMT External comms - WIAP project ensuring all web information is bilingual, graphic design, public events, etc	2	3	6	1. Undertake a Cost/benefits analysis to justify further investment in Welsh Language capacity - complete 2. Bilingual interface of TRAC recruitment software to be fully bilingual - complete 3. Investigate the potential for introducing a WL hub to provide support with translation for NHS Wales - complete 4. Undertake Internal Audit review of progress against Welsh Language Standards - complete. Reasonable Assurance.	Regular updates to SMT and additional resource recruited Jan 2019. Further recruitment exercise in May 2019 Reasonable Assurance from Internal Audit review. Undertaken joint recruitment with PHW and NWIS - 3 new translators appointed in June 2019 Appealing a number of standards with Welsh Language Commissioner (Nov 19)	➔	31-Mar-20
	Strategic Objective - Staff									Risk Lead: Director of Finance and Corporate Services		
Risks for Monitoring												

M1	Threats to the supply of medical consumables, and potential employment issues, in the event of a no-deal Brexit. (Added Sept 2018)	4	5	20	Regular discussions with UK and Welsh Governments Attend Ministerial Advisory Board Velindre Brexit Group IP5	1	5	5	Need to continue to monitor in light of extension to Brexit to 31 October Review actionn plan developed from system testing	Acquisition of IP5 completed on 22 March . Pdetailed papers provided to SSPC (Mar 19) and Audit Committee (Apr 19) Project Team established under leadership of Mark Roscrow. Agreed staff rotas to provide extended service coverage.	➔	
	Strategic Objective - Customers									Risk Lead: Director of Procurement Services		
M2	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix.	1	4	4	Confirm whether security arrangements are now reasonable and that risk can be relegated from Corporate Risk Register (PS 30/09/2019)	Security Review undertaken and reported to SMT in Dec 2018. No major findings but all agreed actions will be followed up through audit tracker.	➔	
	Strategic Objective - Staff									Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate		

Key to Impact and Likelihood Scores						
		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5
	Critical	Urgent action by senior management to reduce risk				
	Significant	Management action within 6 months				
	Moderate	Monitoring of risks with reduction within 12 months				
	Low	No action required.				

✳	New Risk
⬆	Escalated Risk
⬇	Downgraded Risk
➔	No Trend Change



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	
PREPARED BY	Romano Provini, Procurement Services
PRESENTED BY	Romano Provini, Procurement Services
RESPONSIBLE HEAD OF SERVICE	Jonathan Irvine, Director of Procurement Services
TITLE OF REPORT	Implications of Brexit upon Catering & Textiles work programme

PURPOSE

Due to the uncertain political landscape throughout 2019 in relation to the UK exiting the EU, the Catering & Textiles team has again reviewed its portfolio in order to establish the most appropriate action required to mitigate disruption and ensure continuity of supply to NHS Wales over this period. This paper summarises the work undertaken and the current position of the team's work programme.

1. BACKGROUND

NWSSP Procurement Services' Non-Medical Catering & Textiles team currently sources all products via a number of procurement routes – namely via its own internal OJEU activity and also through 3rd party frameworks (such as NPS and NHSSC).

Throughout 2019 there has been a very unstable political climate and the potential disruption due to the UK's future trading relationship with the EU was deemed a significant risk in terms of continuity of supply for NHS Wales. A 'No-Deal' scenario for the UK could mean significant disruption to supply, as approximately 50% of all food procured by NWSSP Procurement Services is imported from overseas.

Initially, as communicated to Audit Committee in January 2019, the Catering & Textiles team had reviewed its work programme in order to establish the most appropriate time to undertake its procurements and approach markets, in conjunction with the then-impending Brexit deadline of 29th March 2019. Following the change in this date to 31st October 2019, the team was again forced to consider its work programme in order to mitigate any potential supply risks.

NWSSP Audit Committee
21 January 2020

2. GOVERNANCE & RISK

A 'No-Deal' Brexit scenario presents a significant risk to NHS Wales in that there may be delays at ports which could result in longer lead times, thus constricting supply or potentially meaning supply is completely compromised. Further to this, the volatility within markets due to the uncertainty and the potential for countries to revert to WTO tariffs presents a significant financial risk to the service. Key suppliers have informed us that they have arrangements in place to stock ambient products, which provides greater and more immediate supply certainty. The supply of fresh produce involves greater risks due mainly to the shorter shelf life of produce.

The outcome of the recent General Election (December 2019) has now brought a level of calm to the political landscape in the UK, with the envisaged outcome of Brexit negotiations being that the UK will commence its transition out of the EU on 31st January 2020. This essentially means that trading arrangements should remain the same until the UK formally leaves the EU, which is intended to be in December 2020.

3. OUTCOME

Following the Brexit deadline being moved to 31st October 2019 the team initially continued with its work programme. However, as the political climate grew more unstable towards the Brexit deadline above, the team again undertook a review of its portfolio, associated markets and the supply base. As a result of this review a decision was taken to delay the current work programme broadly until the next financial year (20/21). This decision was based upon the UK/EU transition agreement being settled by 31st January 2020.

As was the view communicated in the previous audit committee paper, it was felt that approaching markets prior to or soon after Brexit would leave us susceptible to the supply and financial risks outlined above. Furthermore, ending arrangements with long standing suppliers where such relationships are developed/mature further presents a risk in that forging new relationships and implementing new contracts for imported produce over a period of such uncertainty would increase the risk of issues in the availability of products and potentially impact upon patient care.

It was felt that revising the current and forthcoming year's portfolio would allow the team to approach the market at a time of greater anticipated stability. We appreciate that NWSSP is in a challenging negotiating position in extending some of the agreements at this time, however, this strategy poses less risk than going to market in such uncertainty where we would be implementing new contracts and relationships over such a unstable period alongside potential cost pressures. It is intended that the team will continue its engagement with its supply base in the coming months with a view to tendering from March 2020 onwards. Where supply is not compromised by this political volatility, the team has continued with its work programme.

In the event that our future trading relationship with the EU from December 2020 poses any supply risks to NHS Wales, the team will review the work programme and revise its plan accordingly.

4. COMPLIANCE

Extending current arrangements will again have an impact upon the procurement compliance of the portfolio. The cumulative value of non-compliance covered within this extended period is circa £6.1 million. For the purposes of clarity this figure relates to spend that is not covered by a compliant contract/framework.

As communicated previously, although the value of non-compliance within the portfolio is relatively high, it is perceived that the risk of supplier challenge remains comparably low. The marketplace has been and will continue to be kept informed by NWSSP of our intentions to approach markets. To date no communication has been received from suppliers indicating an intention to challenge and relations remain strong with our contractors.



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**Partneriaeth
Cydwasaethau
Shared Services
Partnership**

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 st January 2020
AGENDA ITEM	6.1
REPORT PREPARED BY	Craig Greenstock, Counter Fraud Manager
TITLE OF REPORT	Counter Fraud Progress Report as at 31 st December 2019

PURPOSE

The purpose of the Counter Fraud Progress Report is to provide the Audit Committee with and update report of all NHS Counter Fraud work undertaken, for the period ended 31st December 2019, within the Health Body. The report's style has been adopted, in consultation with the Finance Director, with the prime objective of informing, and updating, the Audit Committee members of the outline detail of significant changes in cases that have been worked on during the period, in addition to any current operational issues.

INTRODUCTION

In compliance with the Secretary of State for Health Directions on Countering Fraud in the NHS, regular progress update reports are required to be presented to the Health Bodies' Audit Committee, which should outline the current standing of any Counter Fraud and Corruption work carried out within the Health Body as at the date of the Audit Committee meeting.

The Local Counter Fraud Specialist (LCFS) to plan and agree, with the Finance Director, an Annual Work-Plan containing a suggested number of days that is a framework on which to build and develop robust Counter Fraud arrangements and which recommends, to the Health Bodies' Audit Committee, the resources necessary to undertake work effectively across the areas of action outlined in NHS Counter Fraud Policy and Procedures.

Fraud committed against the NHS has a financial impact, since the Health Body would have suffered an initial financial loss as a result of the subject's actions.

CURRENT POSITION

The work of the Health Body's Counter Fraud staff is undertaken in order to attempt reduce the level of fraud and/or corruption within NWSSP to a minimum and keep it at that level in order to free up resources for patient care.

Any negative publicity received as a result of media reports may have an effect on the reputation of the Health Body. However, by publicising any action taken against the individual(s) would also show that fraud committed against the NHS will not be tolerated and this may also serve as a deterrent to others.

ACTIONS/RECOMMENDATION TO THE AUDIT COMMITTEE

The Audit Committee is asked to:

- **RECEIVE** and **DISCUSS** the Counter Fraud Progress Report

NHS WALES SHARED SERVICES PARTNERSHIP

Audit Committee - 21st January 2020

**Counter Fraud Progress Report
as at 31st December 2019**

**CRAIG GREENSTOCK
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD**

NHS WALES SHARED SERVICES PARTNERSHIP

AUDIT COMMITTEE 21st JANUARY 2020

COUNTER FRAUD PROGRESS REPORT

1. Introduction
 2. Current Case Update
 3. Progress and General Issues
- Appendix 1 Summary Plan Analysis
Appendix 2 Assignment Schedule

Mission Statement

To provide the NWSSP with a high quality NHS Counter Fraud Service, which ensures that any report of fraud is investigated in accordance with the Directions for Countering Fraud in the NHS and all such investigations are carried out in a professional, transparent and cost effective manner.

1. INTRODUCTION

1.1 In compliance with the Directions on Countering Fraud in the NHS, I detail below the standing of the current Counter Fraud and Corruption work carried out, by the nominated Local Counter Fraud Specialists, during the period ended 31st December 2019.

The Progress Report's style has been adopted, in consultation with the Velindre NHS Trust and NWSSP's Finance Directors, with the prime objective of informing, and updating, the Audit Committee members of the outline detail of significant changes in cases worked on during the period and any current operational issues.

Progress against the NWSSP Annual CF Work-Plan of **75days**, has been reported in **Appendix 1** and as at 31st December 2019, **60days of** Counter Fraud work has been undertaken and this has also been reported in **Appendix 1**.

Any significant changes in the progress/work undertaken are outlined in point 2 below.

2. CURRENT CASE UPDATE

There are currently three (3) cases currently under investigation in addition to two (2) other cases, which are ongoing civil recoveries due to the lengthy repayment periods.

3. PROGRESS AND GENERAL ISSUES

3.1 Fraud Awareness Presentations

To date, a total of fourteen (14) separate fraud awareness sessions have been held in conjunction with staff based within the various Divisions.

Of the sessions held, these include eight (8) sessions given to staff as part of separate induction days (i.e. Matrix House and Companies House) together with one (1) session to NWSSP Senior Management Team and five (5) further sessions carried out with both Procurement and Recruitment staff.

3.2 NHS Counter Fraud Authority - Procurement Risk Management Exercise

Fraud within NHS Procurement has been identified as a strategy priority area, for the NHS Counter Fraud Authority, for 2019-20 and that this has also, in the past been a serious area of concern across the NHS in England and Wales and especially most recently with one (1) particular well publicised case within a Welsh NHS Trust.

Procurement accounts for a significant amount of NHS spend and activity with indications that compliance with procurement is uneven across all sectors, but with no central information on tenders and contract awards, it is difficult to actually quantify the level of fraud. However, it is estimated that the annual value of fraud in procurement is around £351m.

As a result, the NHS CFA has launched a National Pro-Active Exercise working in collaboration with NHS providers to obtain information on fraud risk vulnerability indicators, which will also contribute to improving the overall intelligence picture of procurement fraud in the NHS.

Following discussions with relevant Heads of Procurement within NWSSP, the first submission of the quite detailed information, was made within the required deadline (12th July 2019) and additional guidance on how to identify and report, together with the processes that should be in place, was also issued by NHS CFA and then distributed to all NHS Bodies in Wales.

It is understood that there will be one (1) further stage to the process (April 2020) and this will be undertaken following further guidance that is to be issued by the NHS CFA

3.3 Compliance Survey - System Weaknesses

In 2018/19, the NHS Counter Fraud Authority (NHSCFA) issued a number of Circulars and a Fraud Prevention Notice (FPN) in response to identified system weaknesses that required further action by NHS Bodies in Wales and England.

The NHSCFA's Fraud Prevention Unit then developed a new system weakness referral process to target fraud risks, threats and vulnerabilities that the Local Counter Fraud Specialists identify in their system weakness reporting.

The new process covers reporting of system weaknesses by LCFS' and the assessment of those reports to determine what action, if any, is required.

These risks are addressed by the NHSCFA issuing Fraud Prevention Notices (FPNs) which include guidance on effective solutions and recommended mitigating actions for NHS bodies to take at a local level.

The success of the new process obviously depends on LCFS' reporting system weaknesses in detail following an incident and at all stages of fraud investigations via the FIRST case management system, to enable the Fraud Prevention Unit to develop practical prevention solutions.

In order to measure the potential impact of the original guidance a compliance statement survey was then disseminated to NHS Bodies in Wales and England, in mid-November 2019, to identify whether the Health Body had taken action in response to the Circulars and the FPN, through the implementation of appropriate fraud prevention measures and to identify any potential cost savings.

This compliance statement survey was completed, by the LCFS, on behalf of the Health Body and returned to NHSCFA within the given deadline, with copies also sent to the Director of Finance and Chair of the Audit Committee for their information.

3.4 Fraud Prevention Guides

In early November 2019 and following the deadline for submission of the required data in relation to the National Exercise on Procurement Fraud, the NHSCFA launched new guidance, in the form of [eight fraud prevention quick guides](#) focusing on specific areas of fraud risk in procurement and finance processes. The purpose of the quick guides was to alert NHS staff to known fraud risks and provide clear and practical information on effective measures staff and managers can take to identify and stop fraud and improve their own systems. Each guide included a brief overview of the fraud risk, along with information on how to spot fraud, how to stop it and how to report any suspicions of fraud.

These guides, which can be found on the NHSCFA website, have been issued to all NHS Wales Finance Directors and Audit Committee Chairs and can also be accessed using the link detailed above.

COUNTER FRAUD SUMMARY PLAN ANALYSIS 2019/20
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AREA OF WORK	NWSSP	Days to Date
General Requirements		
Production of Reports to Audit Committee	3	2
Attendance at Audit Committees	3	2
Planning/Preparation of Annual Report and Work Programme	5	5
Annual Activity		
Creating an Anti Fraud Culture	0	0
Presentations, Briefings, Newsletters etc.	14	12
Other work to ensure that opportunities to deter fraud are utilised	0	0
Prevention		
The reduction of opportunities for Fraud and Corruption to occur	0	0
Detection		
Pro-Active Exercises (e.g. Procurement)	17	15
National Fraud Initiative 2018/19	2	2
Investigation, Sanctions and Redress		
The investigation of any alleged instances of fraud	25	18
Ensure that Sanctions are applied to cases as appropriate	4	3
Seek redress, where fraud has been proven to have taken place	2	1
TOTAL NWSSP	75	60

COUNTER FRAUD ASSIGNMENT SCHEDULE 2019/20

Case Ref	Subject	Status	Open/Closed
SSP14.05	Unauthorised Sale of NHS Property	Crown Court Hearing (Suspended Sentence) Civil Recovery (5k) still being made at £50 per month	Open - Balance o/s £2424.25
SSP19.04	False Claim for Costs	Initial enquiries made and then IUC carried out on 14.1.19	<p>Subject admitted to having received monies (£10,698) after providing "inaccurate" personal circumstances, but claimed only had done so following advice received which cannot be disputed.</p> <p>Prosecution file was submitted to CPS for a legal opinion, however, advice given was that there was insufficient evidence to support the allegation.</p> <p>Recovery of £3,020 made from original bursary in addition to subject agreeing initial repayment plan of £50 pm which is due to increase to £100 pm following their conditional NHS job offer.</p>
SSP20.01	Forged Letter	Initial enquiries made and matter was referred back to Swansea University to investigate in relation to the validity of the letter.	Closed – no fraud against NHS.
SSP20.02	False Claim for Costs	Initial enquiries made which identified that the claim had actually been made as a single person with no dependent children and not as a married person with dependent children as was the allegation received.	Closed – no fraud identified.
SSP20.03	False Claim for Costs	Alleged that both subjects had applied for bursaries/grants by giving false/misleading	Closed – no record of either individual having worked and/or submitted claims to the NHS.

		information as to their actual personal income.	
SSP20.04	False Claim for Costs	Alleged that subject lives with partner and has failed to declare her actual personal income.	Closed - insufficient evidence to support allegation.
SSP20.05	False Claim for Costs	Alleged that the subject has claimed for grant/bursary, but is also working for the NHS on an agency basis which subject has failed to declare.	Ongoing enquiries and subject also suspended, until December 2019, for academic reasons.
SSP20.06	False Work History and Sickness Absence	Subject applied for and was then appointed to Band 5 post within NWSSP Procurement during same period whilst still claiming to be on sickness absence from previous Band 5 post with NHS England.	Subject resigned before NWSSP disciplinary hearing into separate and similar allegations. Relevant details then forwarded to NHS England for them to investigate the alleged fraudulent activity.
SSP20.07	Falsely retained Childcare Costs	The allegation is that the student has received her childcare payments, but has not then passed those payments onto her childcare provider.	Ongoing enquiries with the childcare provider and the University.

COUNTER FRAUD NEWS



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Swansea Dentist struck
off for £23k NHS fraud

Trusted pharmacist
scammed NHS out of
£76,000 by charging
£300 for £3 medicines

Mental Health Nurse
jailed for 8 months for
defrauding Aneurin Bevan
University Health Board

**STOP
FRAUD**



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Who are we?

The main aims of the NHS Counter Fraud Service (Wales) are to **Prevent** and **Deter** by removing opportunities for fraud to occur or re-occur and in addition to this, to **Hold to Account** those who commit fraud against the NHS through effective Detection, Prosecution and seeking Redress.

The NHS CFS (Wales) provides specialist support and guidance to a network of Local Counter Fraud Specialists (LCFSs) who are directly employed by individual Health Bodies in Wales and who, in turn, report to the individual Finance Directors.

The role of NHS CFS (Wales) and the LCFS' is to investigate and prosecute individuals who commit fraudulent acts against the NHS, in addition to raising fraud awareness to NHS staff by highlighting successful criminal prosecutions, conducting pro-active work and awareness presentations to staff within the NHS in Wales.

Types of Fraud

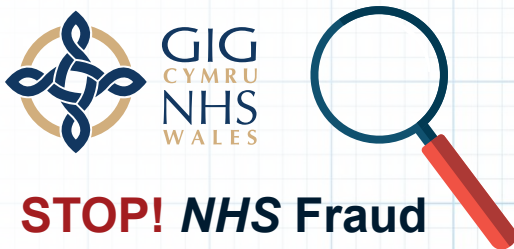
Each fraud investigation is different and has to be taken forward on its own merits and whilst every case does require a closure report, this is signed off prior to closure by NHS Counter Fraud Service (Wales).

In the case of NHS Wales Shared Services Partnership, there have been a number of significant NHS fraud cases reported in the public domain with a varied range of fraud investigations over the last five years, including false timesheet related frauds, prescription frauds, salary overpayments and NHS staff working elsewhere, whilst receiving separate payments, despite having claimed to be on sickness absence from their NHS post.



Overpayment of Salary

There has been a recent batch of such cases being referred to NHS Counter Fraud (Wales) whereby the subject, despite moving to another NHS post, has then received salary payments as a result of non-completion, by his/her Line Manager, of the required paperwork (e.g. termination form, reduction in hours etc).



The main lessons to be learned from these types of cases are as follows:

- Managers to ensure that Staff Termination are completed in a timely fashion.
- Managers to ensure that their Budget Reports are reviewed on a monthly basis to identify any significant budget expenditure to actual anomalies.
- Managers to ensure that their Staff in Post Reports are reviewed on a monthly basis to identify any leavers and/or "Ghost" employees.

Working Elsewhere whilst claiming to be on Sickness Absence

The main lessons to be learned from such investigations are for Managers to ensure that should a member of staff report a sickness absence, then the required forms (Self Certification and Medical Certificates) are completed and submitted on a timely basis. Should an employee be on Long Term Sickness Absence, then the procedure for dealing with such issues is then closely followed.

Should there be any suspected fraud (e.g. working elsewhere), then there would be a clear audit trail in the subject's personal file together with documentation that has been signed, dated etc which could then be used as part of any subsequent investigation.





FIGHTING FRAUD



Pictured: Michael Lloyd

Trusted pharmacist scammed NHS out of £76,000 by charging £300 for £3 medicines

A local Pharmacist has been jailed after pleading guilty to overcharging the NHS by more than **£76,000** while giving out cheap medication to dementia patients.

Michael Lloyd aged 52 and who lived locally in Cowbridge, had billed the NHS for expensive liquid medicine from his Talbot Green based Pharmacy while actually dispensing a cheaper tablet form over six years.

Cardiff Crown Court was told the value of some of the medication that Lloyd should have claimed for was as little as **£3** and that what he actually received for the liquid form cost the NHS up to **£300** a time. This included drugs like Alzheimer's medicines Memantine and Donepezil, which made up a third of the fraudulent prescriptions, and even basic painkillers and antibiotics.

The CPS Prosecutor outlined to the court that Lloyd's fraud was uncovered after a significant rise in the budget for dementia drugs was noted by the Chief Pharmacist of Cwm Taf Morgannwg University Health Board.

Those concerns led to an investigation into Michael Lloyd and his Pharmacy, based in Talbot Green, Llantrisant, which he owns with his two brothers along with four other branches.

Michael Lloyd gave "No Comment" answers in an initial police interview in January 2018, but a year-long NHS Counter Fraud investigation soon found a total of **1,500** doctored prescriptions which totalled **£76,475**. He later admitted his fraud and expressed "regret" but told police *"I haven't actually altered prescriptions, just endorsed them differently"*.

Lloyd paid back a total of **£76,475** to the Health Board some four weeks after his arrest and interview in May this year, by taking out cash from his business, which the court heard he will then have to pay back.

After having pleaded guilty to Fraud by False Representation, Lloyd was then jailed for **16** months.

Swansea Dentist struck off for £23k NHS fraud

Elizabeth White, a female Dentist who was based in Swansea, made almost **400** false claims at her Llangyfelach Practice between 2006 and 2014, charging the NHS **£23,500**.

She was previously handed a 12-month suspended sentence after admitting two counts of fraud at the Morgan and White clinic in March 2015.

White, who is pictured below, has now been removed from the register of the General Dental Council by it's Professional Conduct Committee.

In addition, she has since paid back **£23,551** that she gained in false claims and a further **£10,000** to cover erroneous charges related to those same claims.

White was originally suspended, by the former Abertawe Bro Morgannwg University Health Board in 2015, but resumed work as a Dentist the following year under supervision before then retiring in April 2019.



Pictured: Elizabeth White

Fraud in Your NHS Workplace?

NHS Fraud.
Spot it. Report it.
Together we stop it.

Call
0800 028 4060



FIGHTING FRAUD



STOP!

NHS Wales Fraud

Healthcare Assistant overpaid £21,000 will not pay back money

A female Healthcare Support Worker, who was previously employed by the Cwm Taf Morgannwg University Health Board, but who did not declare overpayments of more than **£21,000** made to her bank account, will not have to pay back the money because she does not have any realisable assets. However, her fraudulent actions did then cost her the job.

The 25 year old defendant had received **£21,524** in extra salary payments from the Health Board over an **18 month** period, which she did not declare.

Merthyr Tydfil Crown Court was told that when the additional payments began in April 2017, the defendant thought that the payments were a tax rebate. She continued receiving payments from the Health Board over the next one and a half years, spending the money on household bills.

During the court hearing, the defendant admitted theft and was then given a six month suspended prison sentence plus **180** hours of unpaid work.



Mental Health Nurse jailed for 8 months for defrauding Aneurin Bevan University Health Board

The defendant reported to be on sick leave from her job by claiming she was too stressed and exhausted to do her daily rounds. She was working as a Band 7 Mental Health Nurse with Aneurin Bevan University Health Board. However after going on sick leave, she then started working night shifts at a care home. The defendant was based in Abergavenny when she registered with privately-run agency Andover Nursing Service Ltd. The defendant told her Line Manager that she was *"too stressed to drive to work"*, but in that same period did a total of **53 shifts** for the agency between March and November 2018 and most of them at a Care Home in Abergavenny.

The defendant claimed that the Royal College of Nursing had told her she could do Agency work while on sick leave from her post with the NHS. However, her telephone call to the RCN, in February 2018, was recorded and it revealed that she was actually given strong advice that she could be committing fraud.

The Crown Court heard she pocketed **£18,800** in sick pay over 8 months before the fraud was discovered. The defendant later admitted fraud, but pleaded with the Judge for a suspended sentence because of her four-year old son who has special needs. However the Crown Court Judge then jailed the defendant for 8 months saying *"Your behaviour was dishonest from the outset and you maintained that dishonesty for many months. You gained money from an outside Agency, but also from the NHS. I have no doubt this very serious offence crosses the custody threshold"*.



Pictured: Rebecca Topczyklo-Evans

FIGHTING FRAUD

"The defendant told her Line Manager that she was too stressed to drive to work, but in that same period did a total of 53 shifts for the agency"

Suspended sentence not good enough “deterrent” for fraudster who posed as NHS worker

NATIONAL CASES



Pictured: Julie Ann Mills

Julie Ann Mills, of Ilsley Road, Sherborne St John, appeared in Winchester Crown Court on 14th November where she pleaded guilty to two counts of fraud and two counts of theft. She received a 20-month jail sentence which has been suspended for two years. She was also ordered to complete **20 rehabilitation** activity days, **80 hours** in unpaid work and **£165** in compensation.

The 45 year old was arrested on 9th September following reports of a distraction theft at a house in Trinidad Close, Popley, where she was posing as an NHS worker.

A woman who witnessed Ms Mills' fraudulent tactic first hand commented,

"I first saw her when she was talking to our receptionist asking for money. Me and three of my colleagues were outside having a cigarette when she approached us, saying that she needed to get to Winchester to get her children, but the police had towed her car. I offered to let her use my phone or call a taxi, but she was insistent on being given money. We didn't really think anything of it because she looked rather respectable and having her NHS card around her neck, I didn't really think anything of it."





NATIONAL CASES

Ex-Oxford NHS boss admits lying about degree

Peter Knight, 53, worked as Chief Information and Digital Officer at Oxford University Hospitals NHS Foundation Trust from August 2016 until September last year. He admitted a charge of fraud "*intending to make a gain, namely a salary*" at Oxford Magistrates Court. He was granted unconditional bail and will be sentenced at Oxford Crown Court on 9th January 2020.

In a press release issued on his appointment in 2016, the trust said that Knight had been employed to "*shape its ambition to become one of the most foremost healthcare organisations in the UK and globally*".

Chief Executive Dr Bruno Holthof said in the release that Knight brought a "*wealth of experience and expertise*" to the role.



Pictured: Peter Knight

Knight, of Blagrove Road, Teddington, London, resigned in September 2018 and had previously been a Deputy Director at the Department for Health and Social Care before he arrived in Oxford.

Local Counter Fraud Team

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You can also write to the Counter Fraud Team at:

Counter Fraud Department
1st Floor,
Woodland House
Maes-y-Coed Road
Cardiff
CF14 4TT

Designed by the NWSSP
Communications Team

Reporting Your Concerns

WHAT SHOULD YOU DO?

- Report your suspicion immediately to the LCFS' as above
- Keep a record of events
- Keep any evidence secure

WHAT SHOULDN'T YOU DO?

- Investigate the matter yourself
- Broadcast your suspicions
- Confront any suspected persons



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Fraud may be reported on Freephone
0800 028 40 60 or online at
www.reportnhsfraud.nhs.uk

NEWYDDIŌN Y GWASANAETH ATAL TWYLL



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Tynnu Deintydd o Abertawe
oddi ar y rhestr ddeintyddol
am dwyll gwerth £23,000 i
GIG Cymru

Fferyllydd y gellir ymddiried
ynndo yn twyllo'r GIG allan o
£76,000 trwy godi £300 am
feddyginiaethau £3.

Wyth mis o garchar i Nyrs
Iechyd Meddwl am dwyllo
Bwrdd Iechyd Prifysgol
Aneurin Bevan

ATAL
TWYLL



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Pwy ydym ni?

Prif amcanion Gwasanaeth Atal Twyll GIG Cymru yw **Rhwystro** ac **Atal** drwy gael gwared ar gyfleoedd i dwyll ddigwydd neu iddynt ddigwydd eto ac yn ogystal, i **Ddal i Gyfrif** y rhai sy'n cyflawni twyll yn erbyn y GIG drwy Ddal, Erlyn a cheisio Gwneud Iawn.

Mae Gwasanaeth Atal Twyll GIG Cymru yn darparu cymorth ac arweiniad arbenigol i rwydwaith o Arbenigwyr Atal Twyll Lleol sy'n cael eu cyflogi yn uniongyrchol gan Fyrddau Iechyd unigol yng Nghymru ac sydd, yn eu tro, yn adrodd i'r Cyfarwyddwyr Cyllid unigol.

Rôl Gwasanaeth Atal Twyll GIG Cymru a'r Arbenigwyr Atal Twyll Lleol yw ymchwilio ac erlyn unigolion sy'n cyflawni gweithredoedd twyllodrus yn erbyn y GIG, yn ogystal â chodi ymwybyddiaeth atal twyll i staff y GIG drwy dynnu sylw at erlyniadau troseddol llwyddiannus, cynnal gwaith rhagweithiol a chyflwyniadau ymwybyddiaeth i staff GIG Cymru.

Mathau o Dwyll

Mae pob ymchwiliad i dwyll yn wahanol ac mae'n rhaid ei symud yn ei flaen yn ôl ei deilyngdod ei hun ac er bod angen adroddiad terfynu, cymeradwyir hyn cyn terfynu gan Wasanaeth Atal Twyll GIG Cymru.

Yn achos Partneriaeth Cydwasanaethau GIG Cymru, adroddwyd ar nifer o achosion twyll sylweddol i'r GIG yn gyhoeddus gydag ystod amrywiol o ymchwiliadau i dwyll dros y pum mlynedd diwethaf. Roedd y rhain yn cynnwys twyll yn ymwneud â thaflenni amser ffug, twyll presgripsiynau, gordaliadau cyflog a staff y GIG yn gweithio yn rhywle arall, wrth dderbyn taliadau ar wahân, er eu bod yn honni eu bod ar absenoldeb salwch o'u swydd yn y GIG.



Gordaliad Cyflog

Mae cyfres o achosion tebyg wedi'u hatgyfeirio at Wasanaeth Atal Twyll GIG Cymru lle mae'r sawl dan sylw, er iddo symud i swydd arall yn y GIG, yna wedi derbyn taliadau cyflog o ganlyniad i'r ffaith bod gwaith papur heb ei gwblhau (e.e. ffurflen terfynu cyflogaeth, llai o oriau ac ati) gan ei R(h)eolwr Llinell.



Mae'r prif wersi i'w dysgu o'r mathau hyn o achosion fel a ganlyn:

- Rheolwyr i sicrhau bod ffurflenni Terfynu Cyflogaeth Staff yn cael eu llenwi mewn modd amserol.
- Rheolwyr i sicrhau bod eu Hadroddiadau Cyllideb yn cael eu hadolygu yn fisol er mwyn nodi unrhyw wariant sylweddol ar y gyllideb i anghysondebau gwirioneddol.
- Rheolwyr i sicrhau bod Adroddiadau Staff mewn Swydd yn cael eu hadolygu yn fisol i nodi unrhyw rai sy'n gadael a/neu rith-weithwyr.

Gweithio yn rhywle arall wrth hawlio Absenoldeb Salwch

Y prif wersi i'w dysgu o ymchwiliadau o'r fath yw pe bai aelod o staff yn nodi absenoldeb salwch, bod Rheolwyr yn sicrhau bod y ffurflenni gofynnol (Hunan-ardystio a Thystysgrif Feddygol) yn cael eu llenwi a'u cyflwyno mewn modd amserol. Pe bai cyflogai ar Absenoldeb Salwch Tymor Hir, yna mae'r weithdrefn i ymdrin â materion o'r fath yn cael ei dilyn yn agos.

Pe bai unrhyw amheuaeth o dwyll (e.e. gweithio yn rhywle arall), yna byddai trywydd archwilio yn ffeil bersonol y sawl dan sylw ynghyd â dogfennaeth sydd wedi'i harwyddo, dyddio ac ati a ellir ei ddefnyddio fel rhan o ymchwiliad dilynol.





YMLADD TWYLL



Yn y llun:: Michael Lloyd

Fferylllydd y gellir ymddiried ynddo yn twyllo'r GIG allan o £76,000 trwy godi £300 am feddyginiaethau £3

Mae Fferylllydd lleol wedi'i garcharu ar ôl pledio'n euog i godi dros **£76,000** yn ormod ar y GIG wrth ddosbarthu meddyginiaeth rad i gleifion dementia.

Roedd Michael Lloyd, 52 oed, a oedd yn byw yn y Bont-faen wedi bilio'r GIG am feddyginiaeth ar ffurf hylif drud o'i fferyllfa yn Nhonysguboriau wrth ddosbarthu tabledi rhatach am dros chwe blynedd mewn gwirionedd.

Clywodd Llys y Goron Caerdydd bod gwerth rhywfaint o'r feddyginiaeth y dylai Lloyd fod wedi hawlio amdani cyn lleied â **£3** a bod yr hyn a dderbyniodd mewn gwirionedd am gyfer y feddyginiaeth ar ffurf hylif yn costio hyd at **£300** y tro i'r GIG. Roedd hyn yn cynnwys cyffuriau megis meddyginiaethau Alzheimer, Memantine a Donepezil, a oedd yn draean o'r presgripsiynau twyllodrus, a hyd yn oed cyffuriau i ladd poen a gwrthfotigau.

Amlinellodd Erlynydd Gwasanaeth Erlyn y Goron i'r llys y datgelwyd twyll Lloyd ar ôl i Brif Fferylllydd Bwrdd Iechyd Prifysgol Cwm Taf nodi cynnydd sylweddol yn y gyllideb ar gyfer cyffuriau dementia.

Arweiniodd y pryderon hyn at ymchwiliad i Michael Lloyd a'i fferyllfa yn Nhonysguboriau, Llantrisant, y mae'n berchennog arni gyda'i ddau frawd ynghyd â phedair cangen arall.

Rhoddodd Michael Lloyd atebion "*Dim Sylw*" mewn cyfweiliad cychwynnol gyda'r heddlu ym mis Ionawr 2018, ond buan y darganfu ymchwiliad a barodd flwyddyn gan Wasanaeth Atal Twyll GIG Cymru gyfanswm o **1,500** o bresgripsiynau wedi'u ffugio a ddaeth i gyfanswm o **£76,475**. Cyfaddefodd yn ddiweddarach ei fod wedi twyllo a mynegodd "bod yn edifar ganddo" ond dywedodd wrth yr heddlu, "*Nid wyf wedi diwygio presgripsiynau mewn gwirionedd, dim ond eu hardystio yn wahanol.*"

Talodd Lloyd gyfanswm o **£76,475** yn ôl i'r Bwrdd Iechyd ryw bedair wythnos ar ôl iddo gael ei arestio a'i gyfweld ym mis Mai eleni, drwy dynnu arian o'i fusnes, a chlywodd y llys y bydd yn rhaid iddo ad-dalu'r arian.

Yn dilyn pledio'n euog i Dwyll drwy Gynrychiolaeth Ffug, carcharwyd Lloyd am **16** mis.

Tynnu Deintydd o Abertawe oddi ar y rhestr ddeintyddol am dwyll gwerth £23,000 i GIG Cymru

Gwnaeth Elizabeth White, Deintydd yn Abertawe, bron **400** hawliad ffug yn ei phraxis yn Llangyfelach rhwng 2006 a 2014, gan godi **£23,500** ar y GIG.

Cyn hynny, cafodd ddedfryd ohiriedig o 12 mis ar ôl cyfaddef i ddau gyhuddiad o dwyll yng nghlinig Morgan and White ym mis Mawrth 2015.

Mae White, sydd yn y llun isod, bellach wedi'i thynnu oddi ar restr Y Cyngor Deintyddol Cyffredinol gan y Pwyllgor Ymddygiad Proffesiynol.

Yn ogystal, ers hynny mae wedi ad-dalu'r **£23,551** a enillodd mewn hawliadau ffug a **£10,000** arall i dalu am daliadau gwallus sy'n gysylltiedig â'r un hawliadau hynny.

Cafodd White ei hatal o'r gwaith i gychwyn, gan yr hen Fwrdd Iechyd Prifysgol Bro Morgannwg yn 2015, ond aeth yn ôl i'w gwaith fel Deintydd dan oruchwyliaeth y flwyddyn ganlynol ac yna ymddeol ym mis Ebrill 2019.



Yn y llun:: Elizabeth White

Twyll yn eich gweithle?

Twyll yn y GIG.
Sylwch arno.
Rhowch wybod amdano.
Gyda'n gilydd rydym yn ei atal.



Ffoniwch
0800 028 4060

YMLADD TWYLL



ATAL Twyll yn G/G Cymru

Fydd Cynorthwydd Gofal Iechyd ddim yn talu gordaliad o £21,000 yn ôl

Ni fydd rhaid i Weithwraig Cymorth Gofal Iechyd wnaeth ddim datgan gordaliadau o dros **£21,000** i'w chyfrif banc pan oedd hi'n cael ei chyflogi gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg dalu'r arian yn ôl oherwydd nad oes ganddi unrhyw asedau realeiddiadwy. Serch hynny, collodd ei swydd o ganlyniad i'w gweithredoedd twyllodrus.

Derbyniodd y diffynnydd 25 oed **£21,524** mewn taliadau cyflog ychwanegol gan y Bwrdd Iechyd dros gyfnod o **18** mis, a wnaeth hi mo'u datgan.

Clywodd Llys y Goron Merthyr Tudful pan gychwynnodd y taliadau ychwanegol ym mis Ebrill 2017, fod y diffynnydd o'r farn mai ad-daliad treth oedd y taliadau. Parhaodd i dderbyn taliadau gan y Bwrdd Iechyd dros y flwyddyn a hanner nesaf, gan wario'r arian ar filiau'r cartref.

Yn ystod y gwrandawriad llys, cyfaddefodd y diffynnydd iddi ddwyn ac yna cafodd ddedfryd o chwe mis o garchar wedi'i ohirio ynghyd â **180** awr o waith di-dâl.



Wyth mis o garchar i Nyrs Iechyd Meddwl am dwyllo Bwrdd Iechyd Prifysgol Aneurin Bevan

Nodwyd bod y diffynnydd ar absenoldeb salwch o'i swydd gan hawlio ei bod dan ormod o straen ac yn rhy flinedig i wneud ei rowndiau arferol. Roedd yn gweithio fel Nyrs Iechyd Meddwl Band 7 gyda Bwrdd Iechyd Prifysgol Aneurin Bevan Fodd bynnag, ar ôl mynd ar absenoldeb salwch, dechreuodd weithio sifftiau nos mewn cartref gofal. Roedd y diffynnydd wedi'i lleoli yn y Fenni pan gofrestrodd gyda'r asiantaeth breifat, Andover Nursing Service Ltd. Dywedodd y diffynnydd wrth ei Rheolwr Llinell ei bod "*dan ormod o straen i yrru i'r gwaith*", ond yn yr un cyfnod gwnaeth gyfanswm o **53 sifft** i'r asiantaeth rhwng mis Mawrth a mis Tachwedd 2018, a'r mwyafrif ohonyn nhw mewn Cartref Gofal yn y Fenni.

Honnodd y diffynnydd fod y Coleg Nyrsio Brenhinol wedi dweud wrthi y gallai wneud gwaith Asiantaeth tra ei bod ar absenoldeb salwch o'i swydd gyda'r GIG. Fodd bynnag, recordiwyd ei galwad ffôn i'r Coleg Nyrsio Brenhinol, ym mis Chwefror 2018, a datgelodd iddi dderbyn cyngor cadarn y gallai fod yn cyflawni twyll.

Clywodd Llys y Goron ei bod wedi pocedi **£18,000** mewn tâl salwch dros 8 mis cyn darganfod y twyll. Cyfaddefodd y diffynnydd i'r twyll yn ddiweddarach, ond plediodd gyda'r Barnwr am ddedfryd ohiriedig oherwydd ei mab pedair oed sydd ag anghenion arbennig. Fodd bynnag, carcharodd Barnwr Llys y Goron y diffynnydd am 8 mis gan ddweud, "*Roedd eich ymddygiad yn anonest o'r cychwyn cyntaf a gwnaethoch gynnal yr anonestrwydd hwnnw am sawl mis. Gwnaethoch ennill arian gan Asiantaeth allanol, ond hefyd gan y GIG. Nid oes gen i unrhyw amheuaeth fod y drosedd ddifrifol hon yn croesi trothwy'r ddalfa.*"



Yn y llun: Rebecca Topczylko-Evans

YMLADD TWYLL

"Dywedodd y diffynnydd wrth ei Rheolwr Llinell ei bod dan ormod o straen i yrru i'r gwaith, ond yn yr un cyfnod gwnaeth 53 sifft i'r asiantaeth"

Dedfryd ohiriedig ddim yn ddigon i "atal" twyllwr rhag esgus bod yn weithiwr GIG

ACHÛSION CENEDLAETHOL



Yn y llun: Julie Ann Mills

Ymddangosodd Julie Ann Mills o Ilsley Road, Sherborne St John yn Llys y Goron Caer-wynt ar 14 Tachwedd lle plediodd yn euog i ddau gyhuddiad o dwyll a dau gyhuddiad o ladrata. Derbyniodd ddedfryd 20 mis o garchar sydd wedi'i ohirio am ddwy flynedd. Gorchmynnwyd iddi hefyd gwblhau **20 diwrnod o** weithgaredd adsefydlu, **80 awr** mewn gwaith di-dal ac iawndal o **£165**.

Arestiwyd y ddynes 45 oed ar 9 Medi yn dilyn adroddiadau o ladrad drwy dynnu sylw mewn tŷ yn Trinidad Close, Popley, lle'r oedd hi'n esgus gweithio fel gweithiwr GIG.

Esboniodd dynes a oedd yn dyst uniongyrchol i dacteg dwyllodrus Ms Mills,

"Gwelais hi gyntaf pan oedd yn siarad â'n derbynnydd yn gofyn am arian. Roeddwn i a thri o'm cydweithwyr y tu allan yn cael sigarét pan ddaeth hi atom ni, gan ddweud ei bod angen mynd i Gaer-wynt i gasglu ei phlant, ond roedd yr heddlu wedi towio ei char. Cynigais adael iddi ddefnyddio fy ffôn i ffonio tacsî, ond roedd yn mynnu ei bod yn cael arian. Thaloni ni ddim llawer o sylw oherwydd ei bod yn edrych yn eithaf parchus ac yn gwisgo cerdyn y GIG o amgylch ei gwddf. Thalais i ddim llawer o sylw."



ACHÛSION CENEDLAETHOL

Cyn-bennaeth Oxford NHS yn cyfaddef dweud celwydd am ei radd

Swyddog Gwybodaeth a Digidol Ymddiriedolaeth GIG Ysbytai Prifysgol Rhydychen o fis Awst 2016 hyd fis Medi y llynedd. Cyfaddefodd gyhuddiad o dwyll "bwriadu bod ar ei ennill, sef cyflog" yn Llys Ynadon Rhydychen.

Cafodd fechnïaeth ddiamod a bydd yn cael ei ddedfrydu yn Llys y Goron Rhydychen ar 9 Ionawr 2020.

Mewn datganiad i'r wasg a gyhoeddwyd ar ei benodiad yn 2016, dywedodd yr ymddiriedolaeth fod Knight wedi'i gyflogi i "lywio ei huchelgais i ddod yn un o'r sefydliadau gofal iechyd mwyaf blaenllaw yn y DU ac yn fyd-eang."

Dywedodd Dr Bruno Holthof, y Prif Weithredwr, yn y datganiad fod Knight yn dod â "chyfoeth o brofiad ac arbenigedd" i'r rôl.



Yn y llun: Peter Knight

Ymddiswyddodd Knight o Belgrave Road, Teddington, Llundain ym mis Medi 2018 a chyn hynny bu'n Ddirprwy Gyfarwyddwr yn yr Adran Iechyd a Gofal Cymdeithasol cyn cyrraedd Rhydychen.

Tîm Atal Twyll Lleol

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Caerdydd
CF14 4TT

Dyluniwyd gan Dîm
Cyfathrebu PCGC

Mynegi'ch Pryderon

BETH DDYLECH CHI EI WNEUD?

- Mynegwch eich amheuon ar unwaith i'r Arbenigwyr Atal Twyll Lleol, gweler uchod
- Cadwch gofnod o ddigwyddiadau
- Cadwch unrhyw dystiolaeth yn ddiogel

BETH NA DDYLECH CHI EI WNEUD?

- Ymchwilio i'r mater eich hun
- Siarad am eich amheuon
- Cwestiynu unrhyw un a amheuir



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NHS
WALES

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Cydwasaethau
Shared Services
Partnership

Gellir adrodd am dwyll yn rhad ac am ddim drwy ffonio **0800 028 40 60** neu ar-lein yn www.reportnhsfraud.nhs.uk



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	7.1
PREPARED BY	Roxann Davies, Corporate Services
PRESENTED BY	Roxann Davies, Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Audit Committee Forward Plan 2020-21

PURPOSE

To provide a summary of items expected to be presented at forthcoming Audit Committee meetings, scheduled for 2020-21.

Month	Standing Items	Audit Reports	Governance	Annual Items
Q1 2020/21 28 April 2020 <i>Boardroom</i> <i>NWSSP HQ, Unit 4/5</i> <i>Charnwood Court, Heol</i> <i>Billingsley, Parc Nantgarw,</i> <i>Cardiff, CF15 7QZ</i>	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement	Internal Audit As outlined in the Internal Audit Operational Plan Head of Internal Audit Opinion Review of Internal Audit Operational Plan	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	Audit Committee Effectiveness Survey Annual Governance Statement Counter Fraud Self-Review Submission Tool Counter Fraud Work Plan Counter Fraud Annual Report Counter Fraud Policy Review Integrated Medium Term Plan Review of Raising Concerns (Whistleblowing) Policy Head of Internal Audit Opinion and Annual Report
Q2 2020/21 7 July 2020 <i>Boardroom</i> <i>NWSSP HQ, Unit 4/5</i> <i>Charnwood Court, Heol</i> <i>Billingsley, Parc Nantgarw,</i> <i>Cardiff, CF15 7QZ</i>	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement	External Audit Wales Audit Office Nationally Hosted IT Systems Report Wales Audit Office Management Letter Internal Audit As outlined in the Internal Audit Operational Plan Quality Assurance & Improvement Programme	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	Results of Audit Committee Effectiveness Survey Review of Audit Committee Terms of Reference Audit Committee Annual Report Health and Care Standards Self-Assessment and Action Plan Caldicott Principles Into Practice Annual Report
Q3 2020/21 20 October 2020	Minutes & Matters Arising External Audit Position Statement	Internal Audit As outlined in the Internal Audit Operational Plan	Governance Matters to include Annual Review of Stores Write-Off Figures	Minutes & Matters Arising

<p><i>Boardroom NWSSP HQ, Unit 4/5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ</i></p>	<p>Internal Audit Progress Report</p> <p>Counter Fraud Position Statement</p>		<p>Tracking of Audit Recommendations to include Annual Review of Audit Recommendations Not Yet Implemented</p> <p>Corporate Risk Register</p>	
<p>Q4 2020/21 26 January 2021</p> <p><i>Boardroom NWSSP HQ, Unit 4/5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ</i></p>	<p>Minutes & Matters Arising</p> <p>External Audit Position Statement</p> <p>Internal Audit Progress Report</p> <p>Counter Fraud Position Statement</p>	<p>External Audit Wales Audit Office Proposed Audit Work</p> <p>Internal Audit As outlined in the Internal Audit Operational Plan</p>	<p>Governance Matters</p> <p>Tracking of Audit Recommendations</p> <p>Corporate Risk Register</p>	<p>Pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud</p> <p>Review of Risk Management Protocol, Assurance Mapping, Appetite Statement and Board Assurance Framework</p> <p>Review of Standing Orders for the Shared Services Partnership Committee</p> <p>Draft Integrated Medium Term Plan Summary</p>
<p>Future Committee Dates 2021</p>	<p>Q1 2021/22 20 April 2021 <i>Boardroom, NWSSP HQ</i></p>			

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	7.2
PREPARED BY	Roxann Davies, Corporate Services
PRESENTED BY	Roxann Davies, Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Audit Committee Effectiveness Review and Action Plan

PURPOSE

The role of the Audit Committee is to advise and assure the SSPC of effective arrangements in place regarding the design and operation of NWSSP's system of governance and assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the organisation's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Section 8.2.1 of the [SSPC Standing Orders](#) states:

"The SSPC shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the SSPC may determine that such evaluation may be independently facilitated."

Additionally, the Financial Reporting Council published a revised UK Code of Corporate Governance in July 2018, which made a number of recommendations to support best practice in governance. In light of this, it was considered timely to review NWSSP Audit Committee's effectiveness and robustness of assurances given. Effectiveness was reviewed through the following methods:

1. Review of the revised UK Code of Corporate Governance 2018 (researching similar associated literature, guides and precedents in this field e.g. NHS Governance e-Manual);
2. Benchmarking exercise of results from both the NWSSP Audit Committee and Velindre's Audit Committee Effectiveness Survey (ACES) in 2018;
3. Attending Velindre's Audit Committee to compare and contrast; identify where NWSSP Audit Committee can add value from actions implemented within Velindre;
4. Assessment of corporate communications around the NWSSP Audit Committee and Members to identify ways to encourage visibility in the organisation through better promotion of Independent Members;

- | |
|---|
| 5. Considering observations raised at Meeting Reviews conducted by the NWSSP Audit Committee Chair, following each meeting; and |
| 6. Liaising with the NHS Wales Deputy Board Secretaries Network in relation to Committee Effectiveness. |

The aim was to identify areas for improvement, development and recommendations, where governance practices could be strengthened and the scope of the review extended to cover NWSSP's Audit Committee in its entirety, inclusive of the Independent Members and the role they play, insofar as is within our gift to implement.

The scope of this review excludes reporting any opportunities for improvement that are relevant to Velindre Committee, following my observations; these will be escalated outside of this report to the Director of Corporate Governance and the Audit Committee Chair within Velindre, for consideration and implementation. Therefore, for clarity, this report and supporting action plan only extends to cover NWSSP Audit Committee.

The outcomes were set out in the Audit Committee Effectiveness Review and Action Plan, which were presented at a previous Committee meeting. However, it was agreed that a standard agenda item, going forward, would include the updated Action Plan Tracker, as attached for the Committee's consideration, at **Appendix 1**.

Summary Tracker - NWSSP Audit Committee Effectiveness Action Plan			
Key Theme	Recommendations	Complete	Ongoing
Compliance with Law and Regulations Governing NHS Wales	4	3	1
Composition, Establishment & Duties	12	12	0
Counter Fraud	2	2	0
External Audit	2	1	1
Internal Audit	1	1	0
Internal Control and Risk Management	4	4	0
Leadership	11	4	7
Total Recommendations	36	27	9

NWSSP Audit Committee Effectiveness Action Plan							
Action Number	Theme of Assurance	Aim	Action to be Taken	Responsibility	Target Date	Status Priority a) must do b) should do c) could do	Progress
Compliance with Law and Regulations Governing NHS Wales							
1	Compliance with Law and Regulations Governing NHS Wales	To aid in decision making, to provide robust assurances around impacting aspects of governance	Consider template revision/alignment to include impact assessment of areas such as health and safety, health and care standards, welsh language, equality	Committee Secretariat	31/03/2020	b	Not Yet Due
2	Compliance with Law and Regulations Governing NHS Wales	To improve Committee administration	Part B resolution to be included as standard wording in default Committee agenda	Committee Secretariat	30/09/2019	a	Complete
3	Compliance with Law and Regulations Governing NHS Wales	To ensure compliance with Welsh Language Standards Act	Align translation requirements for Welsh Language Standards Act with Velindre's approach	Committee Secretariat	30/09/2019	a	Complete
4	Compliance with Law and Regulations Governing NHS Wales	To ensure compliance with Welsh Language Standards Act	Review the provision for the meeting to be conducted in Welsh (by public or Member request)	Committee Secretariat	31/12/2019	b	Complete
Composition, Establishment & Duties							
5	Composition, Establishment & Duties	To aid members knowledge & understanding of key issues arising	Standing item to be added to the agenda directly after 'meeting review', where members can highlight reflections on further information and background knowledge as required, consider lessons learned	Committee Secretariat	31/12/2019	c	Complete
6	Composition, Establishment & Duties	To aid attendance and reduce travelling time at meetings	Offer of use of video conferencing & Skype facilities to be included in call for papers	Committee Secretariat	31/12/2019	b	Complete
7	Composition, Establishment & Duties	To improve Committee administration and focus on the key items up front	Agenda composition to consider inclusion of Consent Agenda, where appropriate (i.e. Annual Reports for approval)	Chair, Committee Secretariat	31/12/2019	b	Complete
8	Composition, Establishment & Duties	To ensure meetings keep to time, respecting showing appreciation for Member commitments	Utilising the agenda time management function within e-Board Software	Committee Secretariat	31/01/2020	c	Complete
9	Composition, Establishment & Duties	To strengthen on-boarding and induction process	Review to be undertaken and updating of the NWSSP Committee Induction for Independent Members.	Committee Secretariat	30/03/2020	a	Complete
10	Composition, Establishment & Duties	To strengthen succession planning and	Discussions to take place with Velindre regarding arrangements for effective succession planning of Independent Members and NWSSP involvement in the process	Director of Finance and Corporate Services, Chair and Committee Secretariat	31/01/2020	b	Complete
11	Composition, Establishment & Duties	To streamline Committee papers to include relevant information and reduce paper usage	Consider introducing a report length / character limit for the Committee, in line with update of the template	Committee Secretariat	31/03/2020	b	Complete
12	Composition, Establishment & Duties	To improve communications and provide an opportunity for Members to contribute to the content and agenda setting process	Issue out a call for papers, including those for information and of interest to the Committee	Committee Secretariat	30/09/2019	a	Complete
13	Composition, Establishment & Duties	To allow more accurate information to be presented to Committee	Amendment to the Terms of Reference to state papers are to be issued within 5 clear working days of the Committee meeting	Committee Secretariat	30/09/2019	a	Complete
14	Composition, Establishment & Duties	To ensure that key items do not require circulation outside of Committee for approval	Alignment of meeting dates to the Forward Plan of Committee Business, taking into account timescales for approval of Annual Governance Statement, Head of Internal Audit Opinion, etc	Committee Secretariat	30/09/2019	a	Complete
15	Composition, Establishment & Duties	Reduce travel time and impact of carbon footprint	NWSSP and Velindre alignment of corporate meeting schedule for Committees	Committee Secretariat	30/09/2019	a	Complete
16	Composition, Establishment & Duties	To improve communication and partnership working between organisations	Host a quarterly governance catch up between NWSSP and Velindre	Committee Secretariat	31/01/2020	b	Complete
Counter Fraud							
17	Counter Fraud	To share knowledge and any learning from closed Counter Fraud cases with the Committee	Counter Fraud to integrate lessons learned from closed cases in the Position Statement	Counter Fraud Specialist	31/12/2019	b	Complete
18	Counter Fraud	Raise awareness of the deterrent and prevention agenda	Include details and figures of pro-active Counter Fraud work undertaken since last meeting	Counter Fraud Specialist	31/12/2019	b	Complete
19	External Audit	To review the quality and effectiveness of the work undertaken by External Audit	Chair to raise with colleagues at the All Wales Chairs of Audit Group	Chair and Director of Internal Audit	31/03/2020	b	Not Yet Due
20	External Audit	To raise awareness of external items of interest for Committee	WAO to include national initiatives, work in NHS Wales, topical publications and events	External Audit	31/12/2019	b	Complete
Internal Audit							
21	Internal Audit	For clarity of Committee Members considering report	Internal Audit management responses to clearly state whether recommendations have been Agreed or Not Agreed	Internal Audit	30/09/2019	a	Complete
Internal Control & Risk Management							
22	Internal Control & Risk Management	To strengthen assurances received by the Committee	In agenda planning, to consider seeking information & assurances from both internal and external sources	Director of Finance and Corporate Services, Chair and Committee Secretariat	31/12/2019	b	Complete
23	Internal Control & Risk Management	To strengthen assurances received by the Committee	Consider integration of Highlight Reports to provide assurance in further area such as Health and Safety compliance, information governance, Welsh language	Director of Finance and Corporate Services, Chair and Committee Secretariat	31/01/2020	c	Complete
24	Internal Control & Risk Management	To strengthen assurances received by the Committee	Consider how we monitor the implementation of recommendations made through Counter Fraud work, Health and Safety, etc and how progress is tracked	Director of Finance and Corporate Services, Chair and Committee Secretariat	30/03/2020	c	Complete
25	Internal Control & Risk Management	To aid review of papers and focus attention	Integrate colour coding into timescales for implementation for Audit Tracking Report	Committee Secretariat	31/12/2019	b	Complete
Leadership							
26	Leadership	To promote accountability, transparency and openness	Support circulation of Chair's Checklist ahead of Committee meetings	Chair, Committee Secretariat	30/09/2019	a	Complete
27	Leadership	To improve visibility and engagement	Consider hosting Meet Our IMs/Chair sessions	Committee Secretariat	31/03/2020	b	Not Yet Due
28	Leadership	To improve visibility and engagement; strengthen the areas which are being championed	Assign and promote Champions roles of Independent Members	Committee Secretariat Independent Members	31/03/2020	b	Not Yet Due
29	Leadership	To improve staff engagement and understanding of the purpose and role of the Committee and how recommendations from audit are tracked through to implementation	Demystifying Committee communications to be issued Once4Wales approach and promoted in line with Deputy Board Secretaries Network	Committee Secretariat	31/03/2020	b	Complete
30	Leadership	To improve visibility and engagement; puts a face to the name for staff to raise concerns	Introduction of website profiles for Committee and Independent Members	Committee Secretariat	31/03/2020	a	Not Yet Due
31	Leadership	To set the tone from the top, providing direction and healthy culture in Committee	Consideration of personal reflection from Chair to set the tone of the meeting; or perhaps topical update from the latest NHS Audit Committee Chair's meeting or snippet of achievements across organisation	Committee Secretariat	31/03/2020	c	Complete
32	Leadership	To improve diversity of agenda; include opportunities for training and development to be highlighted, considered protected time as part of agenda	Committee Development section be added to the agenda as a standing item	Committee Secretariat	31/03/2020	b	Complete
33	Leadership	To improve visibility and engagement; puts a face to the name for staff to raise concerns; understanding of geographical spread of services	Hosting of Committee meetings at different NWSSP venues	Committee Secretariat	31/03/2020	b	Not Yet Due
34	Leadership	To address visibility, engagement, training and development	Develop a programme of events, awards ceremonies, staff engagement sessions, workshops and training available at NWSSP and extend invitation to Independent Members	Committee Secretariat	31/03/2020	c	Not Yet Due
35	Leadership	To address visibility, engagement, training and development	Develop Committee lunch and learn to brief staff and raise awareness of purpose, role and importance of the Committee	Committee Secretariat	31/03/2020	c	Not Yet Due
36	Leadership	Reminder of functionalities available through application to support the Committee	Hosting of a joint NWSSP and Velindre Committee development session on e-Board Software refresher training	Committee Secretariat	30/03/2020	c	Not Yet Due

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	21 January 2020
AGENDA ITEM	7.3
PREPARED BY	Roxann Davies, Corporate Services
PRESENTED BY	Roxann Davies, Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	NWSSP Annual Review 2018-19

PURPOSE

To provide the Committee with the recently published Annual Review for NWSSP, relating to the financial year 2018-19.

The review highlights the key areas of progress and improvements we have made and provides an insight into the wide range of support that NWSSP offers to health boards and NHS trusts in Wales, so they may, in turn, focus on more effective local delivery of frontline services.

The benefits NWSSP can bring to NHS Wales are substantial, ranging from administrative cost reductions, efficiencies from introducing common processes and sharing good practice, through to the considerable savings and improvements in quality within health boards and NHS trusts created through our professional and technical services.

Along with our partners, NWSSP can play a significant role in improving the health and well-being of people throughout Wales by creating a customer focused organisation that will consistently deliver good quality, value for money support services across the whole of Wales.

NHS WALES SHARED SERVICES PARTNERSHIP ANNUAL REVIEW 2018 - 2019



NHS Wales Shared Services Partnership Annual Review 2018-19

Adding Value
Through Partnership

Our Vision – *To be recognised as a world class shared service through the excellence of our people, services and processes.*

Our Mission – *To enable the delivery of world class public services in Wales through customer-focus, collaboration and innovation.*



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INTRODUCTION FROM MANAGING DIRECTOR & CHAIR

Welcome to the NHS Wales Shared Services Partnership (NWSSP) Annual Review for 2018-19. This is our eighth annual report and, as in previous years, shows how we are continually improving our services to meet the demands of our partners and customers and our ongoing commitment to adding value through partnership working.

2018-19 was another challenging year, but one that was extremely positive for NWSSP in not only continuing to meet the expectations of NHS Wales in providing best in support services, but also being at the forefront of the introduction of new and leading-edge initiatives to help drive forward the agenda for NHS Wales.

A few examples of this include:

- The acquisition and set-up of the warehouse facility at Imperial Park to meet the risks arising from a no-Deal Brexit
- The successful transfer of staff to, and the establishment of, Health, Education and Improvement Wales
- The continuing growth of the Patient Medical Record Scheme which facilitates central storage of records freeing up space in GP surgeries for delivery of a wider range of services and treatments; and
- The preparations for the introduction of the GP Indemnity Scheme, and the Medical Examiner Unit, both of which come on-stream in 2019-20.

Our organisational values underpin our commitment to deliver excellent services; we continue to listen and learn from our partners, working together across NHS Wales, taking responsibility through all our actions and innovating to deliver the best results for the people of Wales.

None of the above would be possible without the hard work and dedication of our staff which we continue to formally recognise through our annual Staff Recognition Awards.

We are pleased to include our second Sustainable Development Statement, showcasing our commitment to embedding the sustainable development principle, protection of the environment, and safeguarding the well-being of future generations.

We hope that you enjoy reading about our achievements in this annual review, and we look forward to continuing to meet and exceed the expectations of our stakeholders across Wales during 2019-20.



Margaret Foster,
Chair of the Shared Services
Partnership Committee



Neil Frow,
Managing Director
NHS Wales Shared Services Partnership



Executive Summary

NWSSP is an integral part of the NHS Wales family, led by the Managing Director and Senior Management Team who are accountable to the Shared Services Partnership Committee (SSPC).

Overview Information

- ▶ 2,148 members of staff.
- ▶ Operating from 24 buildings.
- ▶ Budget of over £300m.
- ▶ 95% of all NHS Wales Expenditure is processed through NWSSP systems and processes.
- ▶ Professional influence benefits of over £100m.
- ▶ We reinvest savings for the benefit of NHS Wales.

Partnership working and collaboration is essential to our journey in ensuring sustainable, successful delivery and development of services for the future of the NHS in Wales.

We interact and engage with our partners in a variety of ways and as an organisation, we develop trusted partnerships across NHS Wales so that we can support efficiency changes ensuring we champion a sustainable, data driven system.

We are committed to creating and developing a positive approach to customer service in which we strive to consistently exceed the expectations of our customers and create an environment within which customer service is a core component of the management and delivery of services.

Our Services



Audit and Assurance Services



Legal and Risk Services and Welsh Risk Pool



Employment Services



Finance Academy



Procurement Services



Primary Care Services



Specialist Estates Services



Lead Employer for GP Specialist Registrar Trainees



Wales Infected Blood Support Scheme



Health Courier Service



Central E Business Team



Surgical Materials Testing Laboratory



Digital Workforce Solutions



Counter Fraud Wales



Salary Sacrifice

Strategic Overview

We regularly review the current and emerging policy context and strategic themes from Welsh Government (WG), the NHS and the wider public sector that are informing our strategic direction. These key themes are summarised below, and have been built into our plan both from the perspective of NWSSP as a whole, into our overarching goals, and for each service area when developing their delivery plans.

We have deliberately not included the work that we undertake in order to meet the policy objectives set out by WG in this section. We have instead tried to include examples of all the work that we are doing within our plan, as these policies are embedded in our day-to-day activities.

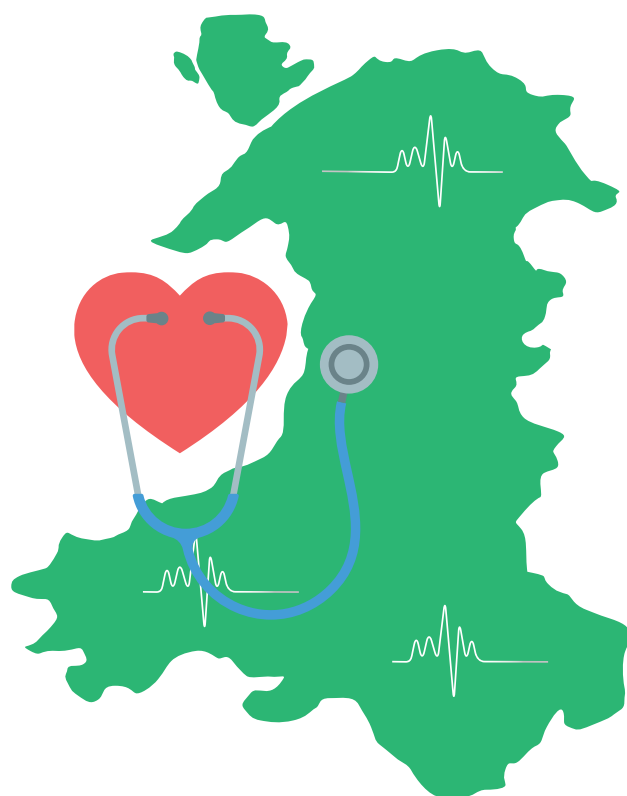
A Healthier Wales

As part of the outcomes of the Parliamentary Review a long term strategy for Health and Social care was produced. Healthier Wales sets out a long-term future vision of a 'whole system approach to health and social care', which is focussed on health and well-being, and on preventing illness. The development of our six key themes directly supports the principles of A Healthier Wales and embeds them into our business as usual.

We can support this approach by helping the health and social care system work together. The Procurement Service team are delivering procurement frameworks that support health and social care, for example, the 'Community Equipment Items' contract. Our Health Courier Services team are supporting the shift of services out of hospitals to communities by providing an auditable and traceable distribution of supply chain items in the community.

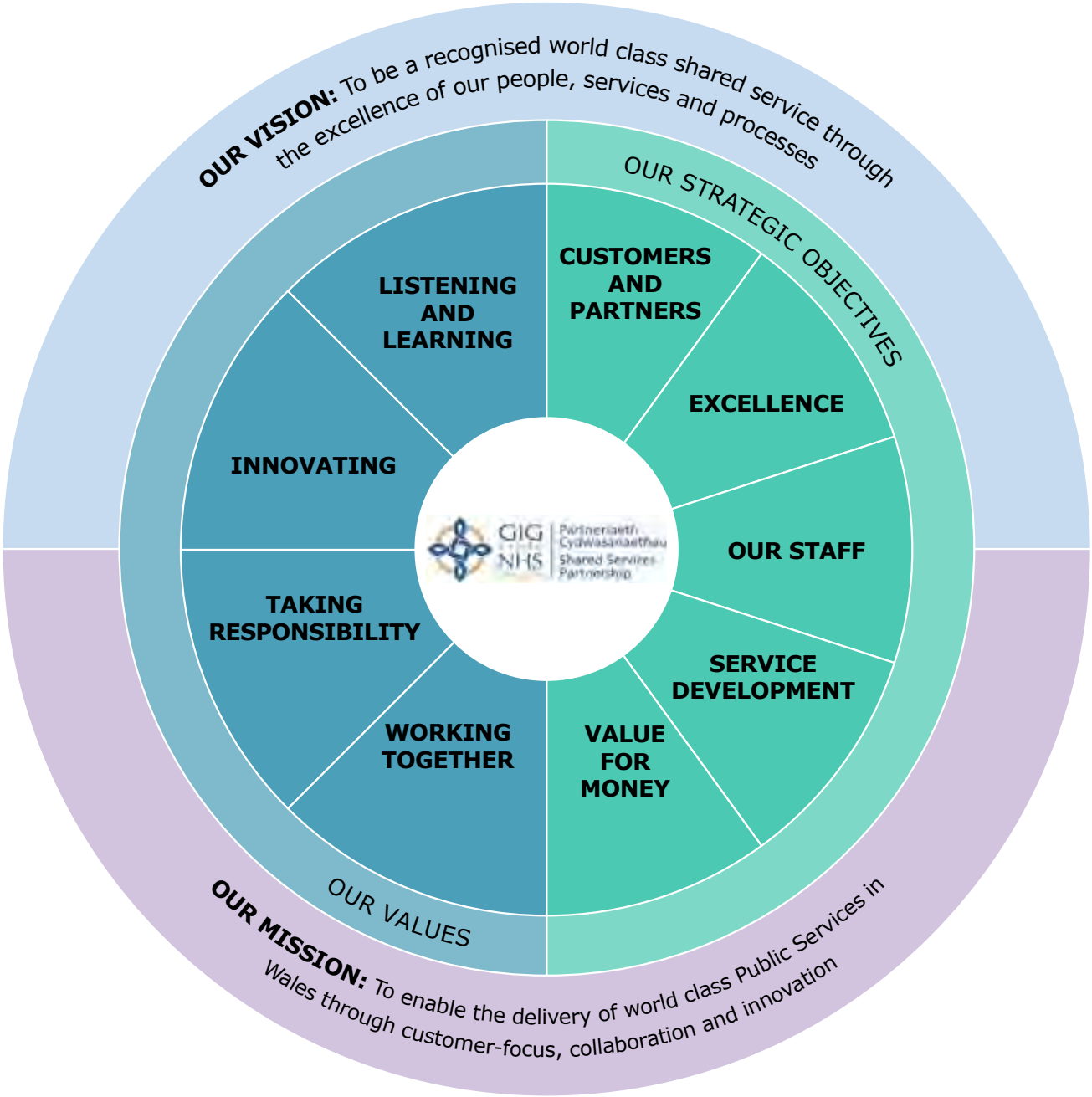
During 2019-20, we will be updating our performance framework to ensure we are better at measuring what really matters, and providing intelligence to other health organisations to assist in decision-making. As the trusted core provider of professional and support services to NHS Wales we can use our position to broker new partnerships and help enable our partners and customers to work together seamlessly.

As part of our approach to making NWSSP a great place to work, we will embed an agile working approach and continue to support the professional development of our staff.



Strategic Direction

Our strategy map sets out the vision, mission, values and strategic objectives for the organisation and how these are aligned. We continue to keep our strategy map under review to ensure it reflects the changing climate that we operate in and the flexible approach that we maintain.



Calendar of Highlights 2018-19

APRIL
2018

- ✓ IMTP Launched.
- ✓ Learning and Development Programme.
- ✓ Programme of Finance and Corporate Services Lunch and Learn sessions Commenced.

MAY
2018

- ✓ Launch of General Data Protection Regulations (GDPR).
- ✓ Legal and Risk Services held Personal Injury Day awareness event.

JUNE
2018

- ✓ NHS Wales Staff Survey Launched.
- ✓ NHS 70th Anniversary Video Launched.

JULY
2018

- ✓ NHS 70th Birthday Celebrations.
- ✓ Charity Netball Match for Wales Air Ambulance.
- ✓ Charity Football March for Lullaby Trust.

AUGUST
2018

- ✓ Pride Cymru Parade.
- ✓ Certification to ISO14001:2015 Standard.
- ✓ Eisteddfod Cymru.

SEPTEMBER
2018

- ✓ SMT Horizon Scanning Day
- ✓ NHS Wales Awards.
- ✓ 1 Year Anniversary of Matrix House move.

OCTOBER
2018

- ✓ Establishment of HEIW.
- ✓ Black History Month.
- ✓ PROMPT Wales Launched.

NOVEMBER
2018

- ✓ Sensory Loss Awareness Month.
- ✓ NHS Anti-Violence Collaborative Agreement launched.

DECEMBER
2018

- ✓ NWSSP Staff Recognition Awards.
- ✓ Mr X Christmas Toy Appeal.

JANUARY
2019

- ✓ Director of Legal and Risk Services received MBE announcement in New Year's Honours List.
- ✓ Acquisition of IP5.

FEBRUARY
2019

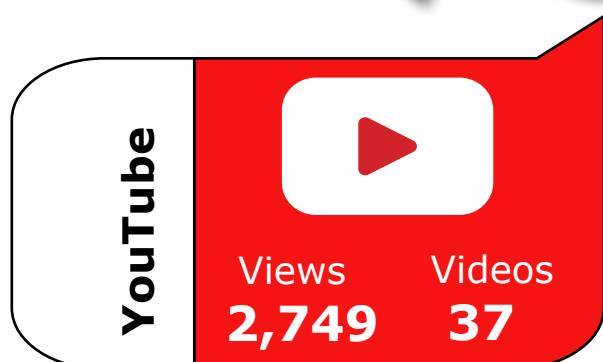
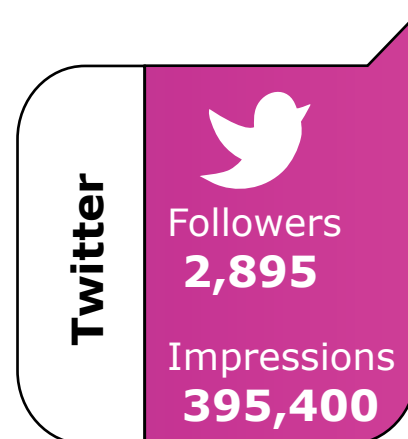
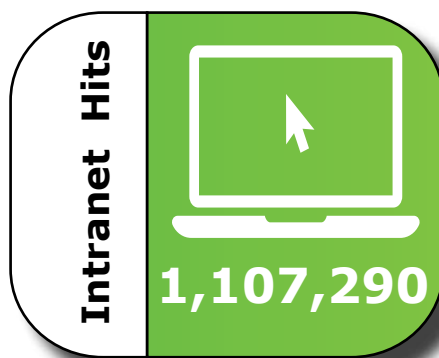
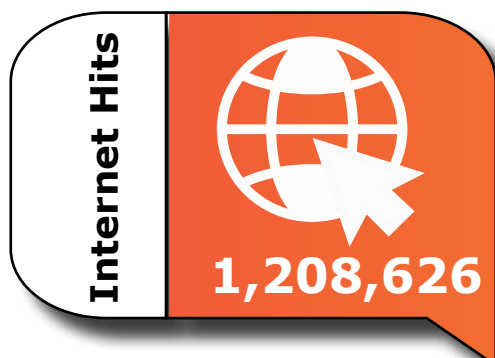
- ✓ HCS certified to ISO14001.
- ✓ Fairtrade Fortnight.
- ✓ LGBT History Month.
- ✓ Time2Talk Day.

MARCH
2019

- ✓ St David's Day Celebrations.
- ✓ PROMPT Wales Cardiac Arrest Video.
- ✓ Trust-wide International Women's Day Event with UNISON.



Communications Highlights 2018-19



Welsh Language Highlights 2018-19

Translation Services

- Number of translation requests received **428**
- English to Welsh **93%**
- Welsh to English **7%**
- Number of words translated in 2018-19 **756,894**
- Number of words translated in 2017-18 **356,415**
- Number of words translated in 2016-17 **230,841**

Training made available to Staff

- Welsh Language Awareness Training for Staff **523**
- Welsh Language Awareness Training for Managers **97**
- Corporate Induction Training **399**
- Welsh language classes at work hosted **15**
- Staff attending Welsh language classes at work **80**

Number of jobs advertised as

- Welsh Essential **6**
- Welsh Desirable **441**
- Welsh needs to be learnt **0**
- Welsh not required **0**

Charity and CSR Highlights 2018-19

Our staff are passionate about fundraising and giving back to local communities. Here are examples of our Corporate Social Responsibility contributions.

Alder House donated **£144** and food donations to Kings Storehouse, Rhyl and County Food Bank, Colwyn Bay



Audit climb Pen-Y-Fan in memory of Colleague, raising funds for Cardiff City Hospice



Legal and Risk book donations



Alder House raised **£133.81** for Dementia UK



Race4Life - Staff across NHS Wales raise over **£4000**

Macmillan Coffee mornings totalling over **£1220** raised



Patch Food and Toy Appeal instead of Christmas cards



Matrix Marvels collect **61.8kg** food donations for Swansea food bank



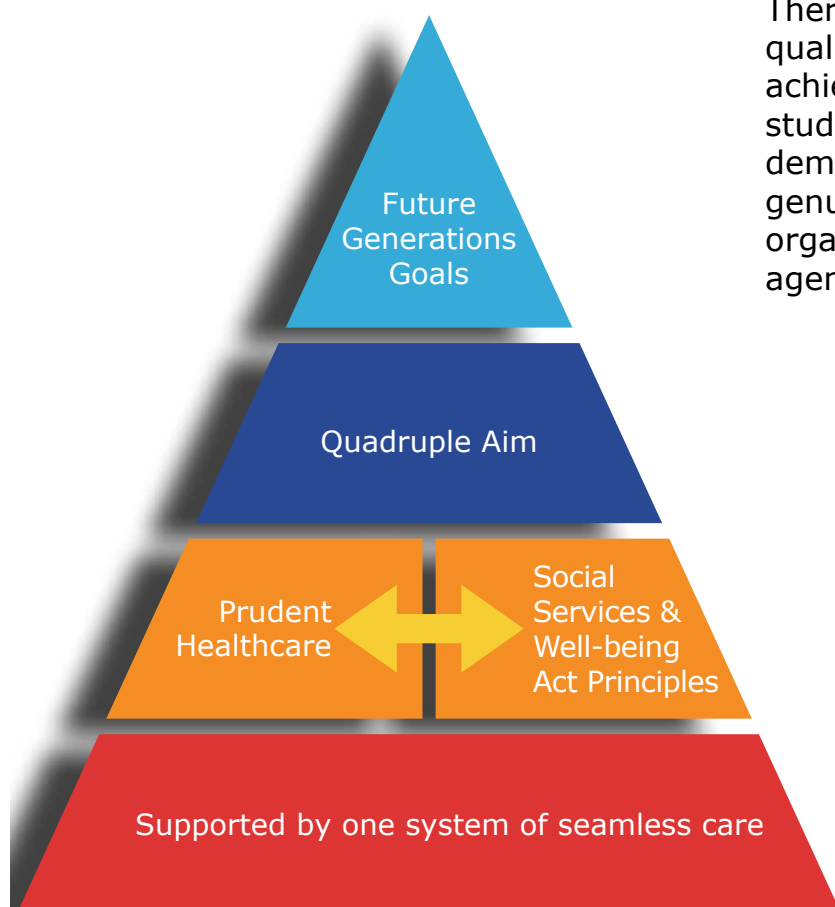
Cardiff Half Marathon run for Mind Charity



Well-being of Future Generations (Wales) Act 2015

The Act sets ambitious, long-term goals to reflect the Wales we want to see, both now and in the future. We are not specifically named in the Act, but we voluntarily elect to comply, as we recognise the importance of protecting future generations.

For this reason, the content of the Act is the golden thread, at the heart of everything we do, underpinning our strategies and plans. Embedding the 5 ways of working ensures we safeguard the needs of future generations without compromising that of the present, by ensuring governance arrangements improve the cultural, social, economic and environmental wellbeing of Wales, through utilisation of the Sustainable Development Principle.



We produced our inaugural Well-being Statement and Objectives in 2016-17 to support achievement of the Well-being Goals that Wales should be prosperous, resilient, healthier, more equal, globally responsible and a country of cohesive communities that have a vibrant culture and a thriving Welsh language.

During 2018-19, we aligned our Corporate Goals with our Well-being Objectives in order to further support delivery through our Overarching Well-being Goals.

We have engaged with the Future Generations Commissioner's Office in the development of our plan, carried out gap and SWOT analyses exercises and used the Simple Changes checklist, in order to help monitor our progress. We appreciate that it is difficult to accurately quantify our contribution to the realisation of the National Indicators and the progress made against the well-being goals through KPIs.

Therefore, in order to best offer a qualitative approach to our progress and achievements, we have included case studies of activities and initiatives, to demonstrate how each of us can have a genuine positive influence on both the organisation and national well-being agenda.



Our Overarching Goals

1

We will promote a **consistency of service** across Wales by engagement with our partners whilst respecting local needs and requirements.

2

We will **extend the scope of our services, embracing sustainability**, within NHS Wales and into the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales.

3

We will continue to add value by **standardising, innovating and modernising** our service delivery models to achieve the well-being goals and the benefits of prudent healthcare.

4

We will be an **employer of choice** for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential.

5

We will maintain a **balanced financial plan** whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy.

6

We will provide **excellent customer service** ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales' approach.

7

We will **work in partnership** to deliver world-class service that will help NHS Wales tackle key issues, lead to a healthier Wales and supports sustainable Primary Care.

8

We will support NHS Wales **meet their challenges** by being a catalyst for learning lessons and sharing good practice. Identifying further opportunities to deliver high quality services.











Our Goals 2018-19

This is our assessment of achievements against our 8 overarching goals as at 31 March 2019.

GOAL 01

Case Study: No Purchase Order, No Pay Policy

We will promote a **consistency of service** across Wales by engagement with our partners whilst respecting local needs and requirements

-  Advisory stakeholder and responsive delivery of NHS Wales Pay Awards.
-  Customer Service Excellence Compliance+ recognising two core areas of customer focus in Employment Services.
-  Annually achieving commendatory audits under the Law Society's Lexcel Quality Assurance and the Customer Service Excellence standards, the latter in which Legal and Risk Services were awarded compliance +++.
-  Deployed professional authorising engineer (AE) roles in order to secure significant safety assurance in specialist engineering areas.
-  SMTL Investigated 255 medical device defect reports, including contacting manufacturers to check they are taking appropriate action and detection of systematic problems.
-  Consistency in audit reporting and opinions across Wales matched with rigorous assurance processes to help organisations to manage key risks.
-  Full deployment of ESR Self Service Portal across NHS Wales that enables real time digital workforce interactions and removes paper dependency.
-  We have supported the PROMPT programme which has seen an improvement in delivery of maternity services and reduction in harm to mothers and babies.
-  Helping Health Boards and Trusts to deliver service transformation & innovation e.g. strategic NHS Wales IM&T agenda, transforming Cancer Services in S.E. Wales, Specialist & Critical Care Centre Project, Stoma Service re-design, formation of HEIW, Transforming access to medicines (TRAMS) project.
-  Establishment of a Value Based Procurement team to facilitate the adoption of Value Based principles into business as usual for contracting. Early contracts underway testing the adoption in practice, including point of care testing for anti-coagulation monitoring, introduction of sacral nerve stimulation technology, Utilisation of Enhanced Recovery After Surgery methodology (ERAS) and a reconfiguration of Stoma services.

GOAL 02

Case Study: Remote System Access for Post Payment Verification

We will **extend the scope of our services, embracing sustainability**, within NHS Wales and into the wider public sector to drive value for money, consistency of approach and innovation that will benefit the people of Wales.

-  Established an estates related benchmarking approach for service improvement and capital investment prioritisation purposes.
-  Development of service offerings, taking into account Customer/Stakeholder and NWSSP divisional needs, including PMR and Enhanced Services inside GMS and Community Pharmacy.
-  Introduction of Home Care Distribution and Home Clinical Waste collection.
-  Providing support to Critical Care (EMRTS) on a Pan Wales Basis, without boundaries.
-  Supported the creation of the Health Education and Improvement Wales Special Health Authority.
-  Certifications achieved include:
 - Customer Service Excellence
 - ISO 9001 - Quality
 - ISO 14001 - Environment
 - ISO 27001 - Information Security
 - OHS AS 18001 - Health & Safety
 - STS Food Safety Standard
 - Lexcel accreditation.
-  Supported Health Boards in delivering £9m reduction in nurse agency spend.
-  Commercial support to the development of a collaborative Nurse Bank model in Wales.
-  Delivery of planned Capital Schemes and discretionary Capital Programmes including unplanned additional capital allocations e.g. Efficiency through Technology Fund.
-  Imperial Park purchased to provide additional storage capacity and resilience as a key response to Brexit preparedness.



GOAL 03



Case Study: Building for Wales Frameworks



We will continue to add value by **standardising, innovating and modernising** our service delivery models to achieve the well-being goals and the benefits of prudent healthcare.



Delivered the first Student Streamlining Scheme matching graduates with employment.



Change processes driving efficiencies and governance through technology e.g. 90% e-Payslips, transactional e-Forms and scheduled robotic processing.



37% new registrants to NHS Wales Bursary Scheme.



Process re-engineering in the Prescription Process area with expansion of our automated Rules Engine.



Support service transformation without boundaries, e.g. EMRTS, ARCH, Histo-Pathology (Frozen Section), Welsh Blood Service and Public Health Wales.



Working in partnership with NHS England through the new ESR contract to agree ESR solutions that reflect Wales policy and pay scales, effectively enabling costs avoidance for NHS Wales of £3 million.



Removal of variation and waste through maximising ESR interfaces and robotic solutions to improve processes.



Helping NHS Wales to deliver social, economic and environmental benefits through procurement.



Making Procurement rules accessible and understandable to all with the publication of a new Procurement Manual.



NWSSP support throughout the Bridgend Boundary change.



Commercial support to the All Wales Medical workforce group, implementation of medical agency rates and driving reduction in off contract Agency.



100% Bursaries approved in 20 days.



100% student documents returned in 15 days.



Paper payslips reduced from 43% to < 10% by March 2019.



1.6m invoices processed electronically (92.2%).



Expansion of the Single Lead Employer service for GP Trainees in Wales. 75% of trainees reported better experience and we increased fill rate to 91% high.




Recruitment Services adverts placed increased by 289%, processed additional vacancies of 3253 and achieved 44 day reduction in recruitment times.





GOAL 04


Case Study: Network 75 Scheme


We will be an **employer of choice** for today and future generations by attracting, training and retaining a highly skilled and resilient workforce who are developed to meet their maximum potential.


 Pro-active approach to legislative compliance e.g. recruitment through Welsh language

 Improved skills and capacity across NHS Wales through provision of ESR and e-learning resources.

 Enabled ease of access to personal data and e-learning via internet and Apps.

 Investing an additional £100k in training and development for our Procurement staff.


 Developing action plans to address matters arising from the national staff survey.


 Celebrated our third annual Staff Recognition Awards in December 2018.


GOAL 05


Case Study: Digital Learning


We will maintain a **balanced financial plan** whilst we deliver continued efficiencies, direct and indirect savings and reinvestment of the Welsh pound back into the economy.


 Distributed £2m of direct cash releasing savings to NHS Wales.


 Savings to NHS Wales through reduced cost per payslip and recruitment FTE.


 Absorbed additional service demands e.g. enablement focus on local delays, IR35.


 Reduction in annual running costs of over 20% (recurring) since the formation of PCS.

 Releasing cost avoidance opportunities of £0.5 million through the new ESR contract to fully access and utilise the e-learning solution.

 Significant cost efficiencies and cost avoidance savings through deployment of ESR e-Learning.

 Delivered contract savings in excess of £26m which includes rebate income from Priority Supplier Programme.
















 Continue to encourage use of PTR to improve savings and enhance lessons learned around care provision and incident investigation in respect of lower value cases.

 Achieved financial and non-financial benefits which include improved patient outcomes & enhanced safety e.g. Mental Health Learning Disability agreement, CAMHS, Home Oxygen.

GOAL 06

Case Study: Enteral pH Sticks

We will **provide excellent customer service** ensuring that our services maximise efficiency, effectiveness and value for money, through system leadership and a 'Once for Wales'.

-  The delivery of stronger collaboration, construction time and cost efficiencies through the creation and maintenance of the Designed for Life (DfL) procurement frameworks.
-  Support to Welsh Government and NHS Wales as part of NHS Wales Mass Casualty Resilience.
-  Positive feedback from Audit Committee annual reviews and audit satisfaction surveys.
-  Manage £4bn BAC's payments per annum.
-  Supporting the transition of the Bridgend locality into Cwm Taf Morgannwg University Health Board.
-  Active role in reshaping Standing Financial Instructions – Procurement to form a modern and fit for purpose governance model.
-  Supporting the development of a commercial approach to Non-Pay management by implementing the business partner model within NHS Wales organisations.
-  Cumulative cash releasing savings of £23m and £19m cash savings returned.
-  Ensuring that Health Organisations achieve the Public Sector Pay Performance target of paying at least 95% of supplier invoices paid in 30 days. In situations where they do not, working with the Health Organisation to address any root-cause issues e.g. delay in receipting.
-  Introduced an All Wales Policy on No Purchase Order, No Pay on 1 September 2018.
-  Supporting "Referral to Treatment" targets within Health Boards via various outsourcing arrangements with non NHS Wales providers.
-  Commissioning efficiencies > £10m per annum issued for additional nursing and Allied Health Professional student places.
-  25.7m items issued by Stores, with 99.4% available for first pick.
-  Professional Influence Savings of >£110m, of which:
Legal Professional £65m
Specialist Estates £14m
Procurement Services £31m
Pharmacy, Appliance and Dressings Sourcing Team £18m.
-  Professional Influence Benefits of £0.5b, of which:
Procurement Services £117m
Clinical Negligence Payments £525m.

GOAL 07



Case Study: Helping to Enable Care in the Home



We will **work in partnership** to deliver world-class service that will help NHS Wales tackle key issues, lead to a healthier Wales and supports sustainable Primary Care.



Reduced costs and risk through Certificate of Sponsorship and Medical relocation management.



Created a uniformity of approach across NHS Wales to the rental reimbursement reviews of General Practice (GP) occupied properties.



Reducing variation through review and modernisation of current service models. Supporting prudent healthcare and a 'Once for Wales' approach introducing the Alternative Treatment Scheme.



Introduced new service delivery models within the Health Courier Service to include providing Ad-Hoc/ 24 Hour/ Out of Hours cover.



Integration of Primary Care Services transport and distribution to HCS and continued development of services provided to NWSSP.



Clinical Procurement Nurse Engagement delivering standardisation, rationalisation and implementation of the All Wales Medical and Clinical contracts.



Supporting the delivery of Modernisation and Digital Healthcare strategies to enable transformational change within the system, providing better patient care e.g. 111 support system and All Wales Pharmacy System.



Launch of a new multi obstetric professional training programme across NHS Wales.



Insourcing of legal work saved circa £2m, compared to external services.



81m prescriptions processed.



Salary Sacrifice Scheme generated >£1m per annum in cash releasing savings.



All Wales forums of best practice and collaboration, including NHS Wales Equality Leadership Group and Welsh Health Environmental Forum.



NHS Wales Finance Academy programmes launched including; Talent Pipeline, Clinical & Finance partnership working and excellence in Board and Risk Reporting.



GOAL 08

Case Study: Reducing the Time to Hire Across NHS Wales

We will support NHS Wales meet their challenges by being a catalyst for **learning lessons and sharing good practice**. Identifying further opportunities to deliver high quality services.



Provision of professional support, advice and guidance in relation to estates matters generally and major capital projects.



Scanning solutions to reduce paper transactions provided across PCS and broader NWSSP.



Profile of Internal Audit raised at board and audit committee level across Wales and delivered training for Independent Members on governance and risk matters.



Effective audit and assurance support of national initiatives such as the FD's Financial Governance, P2P and Hire to Retire.



Improved quality and completeness of workforce data to inform business critical decisions.



Assisting Health Boards and Trusts with resource and capacity shortages in specialist areas e.g. Radiology Reporting, Advocacy Services.



Supporting the implementation of improved inventory management at the Health Boards, through greater collaboration with supply chain.



Launch of the NHS Wales Anti Violence Collaborative- national agreement to protect violence against staff in NHS Wales working in partnership with NHS Wales, Welsh Government, Crown Prosecution Service, the Police and Unions.



CASE STUDIES



External Quality Assessment



Building for Wales Frameworks



'Once for Wales' Certificates of Sponsorship



Development and Implementation of e-Forms



Digital Learning



Enteral pH Sticks



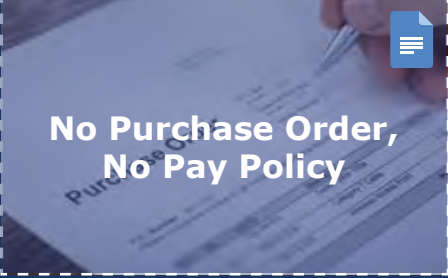
Digital Working



Property



Network 75 Scheme: Looking to the Future



No Purchase Order, No Pay Policy



Patient Medical Records: Store and Scan On Demand



Prescription Automation



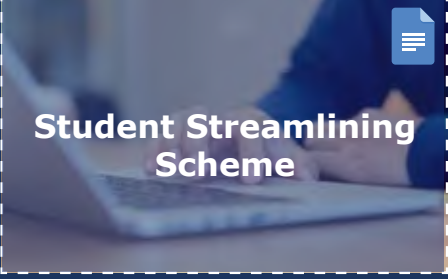
Supporting the Construction of Grange University Hospital



Reducing the Time to Hire Across NHS Wales



Remote System Access for Post Payment Verification



Student Streamlining Scheme



Ward-Based Stock Management



Wound Management Service: Helping to Enable Care in the Home

"Ensuring that we act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs." **Sustainable Development Principle**



We are highly committed to developing and implementing a 'Once for Wales' approach, where appropriate. It is vital we embed the Sustainable Development Principle and in showcasing best practice of the integrated reporting requirement of the Act, we have mapped our highlights and key environmental achievements under the five Ways of Working.

These require us to think about the long-term, integrate with the wider public sector, involve our partners and work in collaboration, in order to prevent problems and take a more joined up approach to service delivery.

Long Term

- Focus on sharing best practice and common risks/challenges.
- Added value through Hire2Retire services, that are safe, quick and efficient.
- A holistic approach to development of apprenticeship roles and Network 75.
- Reduce the burden on GP practices by providing administration support.
- Consideration given for life cycle and sustainable, ethical procurement practices.
- Embedding of the Well-being agenda; greater focus on integrated reporting within our publications.
- Successful transition to the ISO14001:2015 Standard, demonstrating our continuous improvement and commitment towards the protection of the environment.

Long Term

- Additional sites added to the scope of ISO14001; Health Courier Services Westpoint Industrial Estate and Picketston Storage & Distribution Warehouse.
- Greater emphasis on waste associated with our activities, in accordance (Waste Hierarchy).
- Implementation of recycling schemes for specific waste streams (e.g. batteries, spectacles, toners, stamps, crisp packets, stationery with Terracycle, textiles with Wales Air Ambulance).
- Sustainable Procurement and Community Benefits training.
- Refurbishment projects across our sites to improve energy efficiency (e.g. air-conditioning, LED lighting, boiler replacement).



Prevention



- ISO14001 environmental initiatives to reduce carbon footprint of organisation.
- A digitally enabled workforce system that will eliminate paper.
- Eliminate paper payslips and to administer e-payslips once for Wales.
- Robust succession planning across the organisation.
- Duty of care and compliance integration with e-expenses.
- Focus on sharing best practice, turning our data into intelligent information.

Integration



- Frequent engagement with our partners to ensure continuous improvement.
- Wider public sector engagement model within Digital Workforce Solutions.
- Support the training to managers of GP practices.
- Develop a network to support sharing the learning from Welsh Risk Pool.
- Collaborative procurement strategy developed in partnership.
- SDP embedded into the IMTP planning process for 2018-2021 and our Strategic Objectives merged with our Well-being Goals.
- Integrated reporting through innovative carbon footprint monitoring to improve our data collection and accuracy across all sites.

Collaboration



- Build opportunities for expansion of audit services within the wider public sector.
- Supporting the development of the 19 primary care pipeline schemes.
- Working in collaboration to increase the number of GP trainees and GP returners.
- Support the development of a Once For Wales Concerns Management System.
- Expansion of generic PCS services across additional Welsh public sector bodies.
- Frameworks in areas such as environmental performance and community benefits.
- Active travel stands, Dr Bike and cycle to work roadshows held to support the Travel Plan in conjunction with Cycle Solutions.
- Continuing to work in partnership on a Trust-wide basis to produce NHS Sustainability Day resources.
- Sustainability website revamp conducted to be a single hub of information that is up to date and relevant for users; conducted through engagement with Interested Parties and key stakeholders encompassing our core value of Listening and Learning.



Involvement



- Offer legal advice services to other public bodies throughout England and Wales Integration with additional service providers, for greater assurance levels
- Implement transferability of information from Welsh Health Graduate Education Public sector organisations on-boarding to the Learning@ Wales Moodle e-platform.
- Awareness of Modern Slavery Act and Ethical Employment in Supply Chain Practice.
- At the annual Staff Recognition Awards, the ISO14001 Green Team achieved the inaugural award for their contribution to the Well-being of Future Generations and celebrated with planting a tree of well-being at HQ.
- Celebrated 1 year of A4 Sustainable updates for the ISO14001 Green Team.
- Director of Workforce and Organisational Development continued to act as our Anti-Slavery and Ethical Employment in Supply Chain Champion; published our Ethical Employment Statement for 2019-20.
- Introduction of Staff Health & Well-being Partnership, which will inform staff engagement and foster Environmental Champions and initiatives, organically.
- Staff walking groups launched to support the active sustainable travel agenda (e.g. Matrix Lakeside Walking Group).

Involvement



- Applying a Community Benefits approach to all relevant procurement over the Welsh Government threshold of £2 million.
- Opportunities to make a difference through volunteering as a Environmental Champion.



The organisation's inaugural Sustainable Development Statement was integrated and published within our Annual Review for 2017-18. The Statement sets out the progress against our objectives, the proactive work that has taken place during the year and a breakdown of our sustainability performance at Appendix B.

The Statement showcases achievements aligned with the environmental sustainability agenda and offers examples of best practice for a qualitative and meaningful approach to reporting, which further strengthen our contribution towards a globally responsible, resilient and healthier Wales, for now and future generations.

The ISO 14001 Environmental Management Standard was developed and published by the International Standards Organisation. The Standard specifies requirements for organisations who wish to achieve and demonstrate sound environmental performance, through controlling the impact of their activities, products or services on the environment. We are committed to environmental improvement and operate a comprehensive Environmental Management System (EMS) in order to facilitate and achieve the Environmental Policy.

During August 2018, we successfully achieved transition to the ISO14001:2015 Standard, which places particular emphasis on ongoing improvement. Going forward, we will continue to promote environmental protection, resource conservation and improved efficiencies in our everyday business.

The sites included in the scope of our certification are:

- Charnwood Court (HQ), Nantgarw.
- Companies House, Cardiff.
- Alder House, North Wales.
- Matrix House, Swansea
- Brecon & Cwmbran House, Mamhilad.
- Bridgend Stores.
- Cwmbran Stores.
- Denbigh Stores.
- Picketston Storage & Distribution Warehouse.
- Westpoint Industrial Estate, Cardiff.



Sustainability performance 2018-19



Performance targets are year-on-year, except where noted otherwise. *New baselines established for 2018-19.

100%

of confidential waste is recycled and re-purposed into paper, hand towels, notebooks and toilet roll

Through these measures we have saved

2,123 trees

3,996,160 litres of water

74,928 kg of CO₂ emissions

NWSSP Environmental Sustainability Objectives 2019-20

1	Objective	Target
	To reduce our carbon footprint and our contribution to climate change	<ul style="list-style-type: none"> • 3% year-on-year reduction of carbon emissions generated at sites. • Review Travel Plan targets and objectives for effectiveness and to support: reduction of the impact of staff travel through utilisation of Skype, video conferencing facilities and agile flexible working; monitoring of baseline emission figures for Procurement Services Car Club Scheme; programme of implementation of electric vehicle charging points at sites, where applicable.
2	Objective	Target
	To continually identify opportunities to improve our efficiency for using finite and scarce resources	<ul style="list-style-type: none"> • Implement and launch the NWSSP Ideas initiative for staff to identify suggestions to reduce our environmental impact. • Monitor paper usage and identify initiatives to address impact. • Establish process to obtain accurate data in relation to water usage at sites to enable us to set a meaningful improvement target.
3	Objective	Target
	To minimise waste associated with our activities	<ul style="list-style-type: none"> • 80% of waste generated at sites be recycled, recovered or re-purposed. • Identify initiatives to reduce the amount of waste generated. • Improve data collation process for monitoring and measuring and integrate reporting into Carbon Footprint Summary.
4	Objective	Target
	To comply with the Well-being of Future Generations Act (Wales) 2015 and the Sustainable Development Principle	<ul style="list-style-type: none"> • Continue to contribute towards achieving the Well-being Objectives and showcasing our contributions through the publishing of an Annual Sustainable Development Statement to support this. • Publishing a Statement to identify Transparency in Supply chain and demonstrating compliance with the Welsh Government's Ethical Employment Code of Practice Commitments and the Modern Slavery Act 2015.
5	Objective	Target
	To comply with the Well-being of Future Generations Act (Wales) 2015 and the Sustainable Development Principle	<ul style="list-style-type: none"> • Complete Sustainability Risk Assessments for all relevant procurement frameworks in excess of £25,000 and applying a Community Benefits approach to all relevant procurement • Undertake a review of the NWSSP Sustainable Procurement Policy in line with best practice and current legislative and regulatory requirements. • Conduct a gap analysis to consider certification to ISO20400 Sustainable Procurement Standard.

Ethical Employment in Supply Chain Code of Practice/Modern Slavery Act

The Code of Practice (CoP) was established by Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector organisations in receipt of public funds.

Evidence illustrates that unethical employment practices are taking place in supply chains throughout Wales and beyond and the CoP is designed to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, EU, and international laws.

It covers employment issues such as modern slavery, human rights abuses, blacklisting, false self-employment, unfair use of umbrella schemes, zero hours contracts and paying the living wage.

We have committed to ensuring that procurement activity conducted on behalf of NHS Wales is done so in an ethical way. We will ensure that workers within the supply chains through which we source our goods and services are treated fairly. We signed up to the Commitments, developed an Action Plan to monitor our progress and appointed our Director of Workforce & Organisational Development as our Ethical Employment Champion.

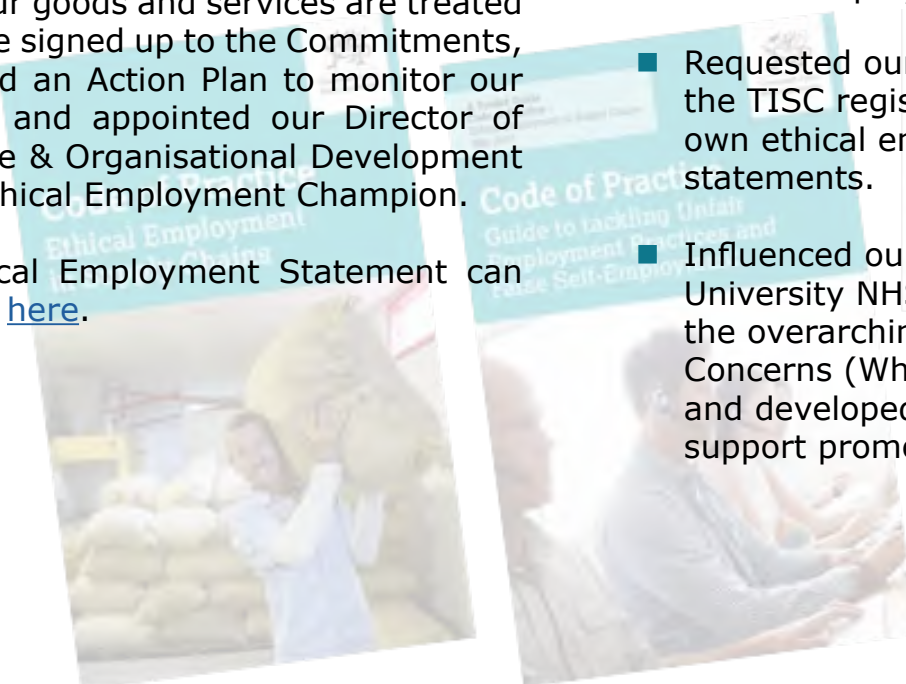
Our Ethical Employment Statement can be found [here](#).

Transparency in Supply Chains (TISC) is a centralised database that gives access to Modern Slavery Statements posted by suppliers. These statements are utilised during tendering exercises undertaken, as part of the Ethical Employment Code of Practice Commitments.

The site allows NWSSP to publicly declare our anti-slavery stance and associated policies. This site is sponsored by Welsh Government and acts as a step towards eradicating modern slavery in supply chains.

To date, NWSSP Procurement Services has:

- Provided training to those involved in buying/procurement on modern slavery and ethical employment practices, through various training mediums.
- Developed standard questions that ensure ethical employment practices are considered as part of the procurement process.
- Became a signatory to the Transparency in Supply chains (TISC) register, and published the NWSSP Ethical Employment Statement.
- Requested our suppliers sign up to the TISC register, and publish their own ethical employment policies and statements.
- Influenced our hosts, Velindre University NHS Trust, to update the overarching Trust Raising Concerns (Whistle-blowing) Policy and developed communications to support promotion.



Looking Forward ISO14001: 2015 and Environmental Sustainability

We have established baseline figures for Westpoint Industrial Estate for inclusion within the scope of ISO14001:2015 in 2018-19. During 2018-19, NWSSP also purchased a new site (National Distribution Centre), which we hope will consolidate figures for Procurement Stores in future years.

In 2019-20 we will seek to include our Surgical Materials Testing Laboratory, based at the Princess of Wales Hospital, Bridgend and the National Distribution Centre in Newport, within the scope of our Environmental Management System. We will undertake a full review of waste streams generated through our activities and work to improve the accuracy and validity of the data captured.

Further, we will integrate waste calculations into our innovative carbon footprint tool.

In the light of the above, Brexit preparedness, the acquisition and set-up of the National Distribution Centre and a number of staffing changes due to projects including the Bridgend boundary change, had an effect on the collation and reporting of overarching figures for Stores, resulting in average figures for quarters 3 and 4 of 2018-19 being reported.

We will work to develop a quarterly reporting dashboard for our Senior Management Team to provide greater assurance on sustainability data and carbon emissions.

We will explore programmes of work such as electric vehicle charging point installation at sites, utilisation of the Enterprise car club scheme and energy efficiency improvements (e.g. installation of solar panels at the National Distribution Centre).

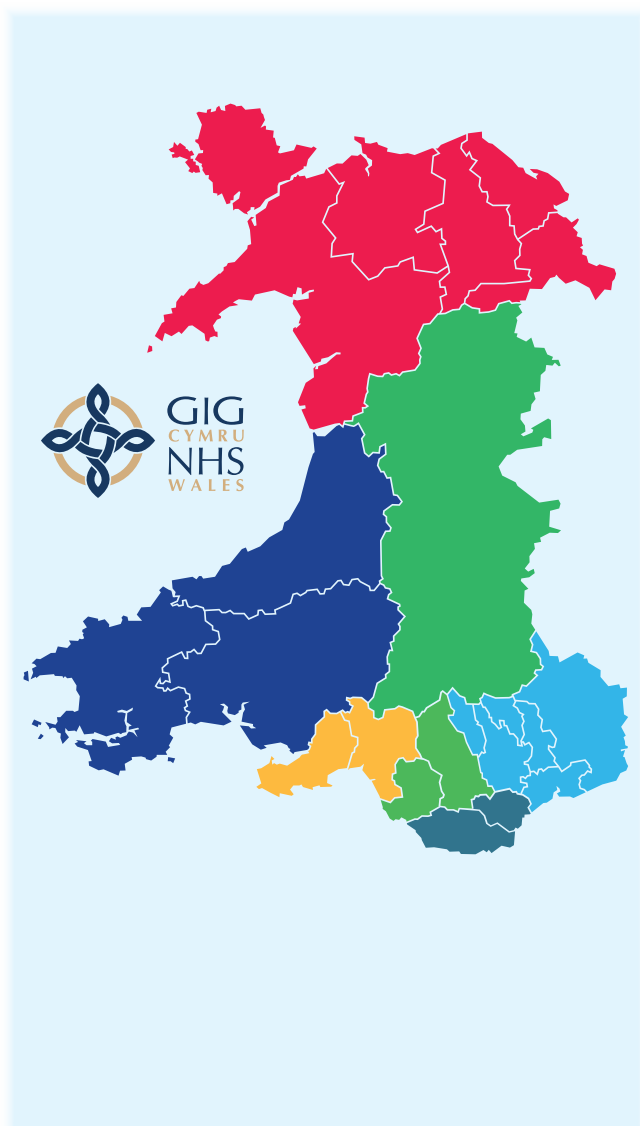


Our Achievements

CUSTOMERS AND PARTNERS



To develop an open and transparent customer-focused culture that supports the delivery of high quality services.



Our five strategic objectives are set out in our Strategy Map (page 7) and examples of our achievements against these are set out below:

NHS Wales Anti Violence Collaborative

NHS staff (Hospital, Ambulance, Community and Primary Care) are among those most likely to face violence and abuse during the course of their employment and there is a strong public interest in prosecuting those who verbally and physically assault NHS staff deliberately.

With this in mind, NWSSP have played a key role in leading on the Obligatory Responses to Violence in Healthcare Agreement. This led to the development of the NHS Wales Anti Violence Collaborative (AVC) with representation from NHS Wales, the Police, CPS, Welsh Government and Trade Unions.

The aim of the AVC is to:

- Improve reporting of violent incidents.
- Strengthen investigation and prosecution process through better quality and timeliness of shared information.
- Improve care and confidence for victims and witnesses; and
- Raise any issues of violence and aggression against NHS staff and the actions to be taken by all parties.

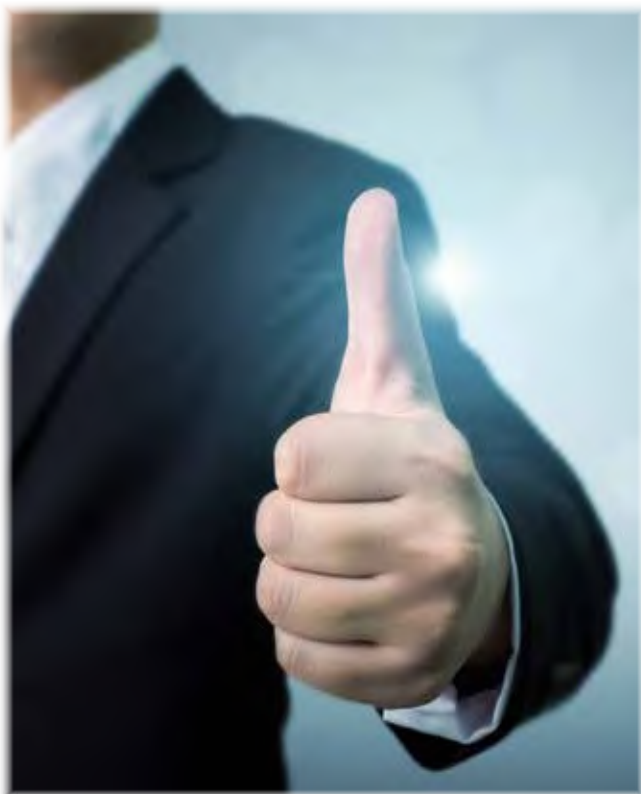
Examples of Best Practice

- Health Courier Services achieved successful certification to Environmental Management Standard, ISO14001:2015.
- Legal & Risk Services' Property Team advised on Cylch Caron Integrated Resource Centre Project, supporting Hywel Dda University Health Board.
- The Welsh Language Team supporting NHS Wales with interpretation of the Welsh Language Standards.

EXCELLENCE



To develop an organisation that delivers excellence through a focus on continuous service improvement, automation and the use of technology.



Awards and Recognition

Awards and recognition are important as they help to encourage and motivate staff, as well as aid reputation and assurance, whilst reiterating our commitment to be a world-class centre of excellence.

They also formally demonstrate the value of the services we provide and drive the quality of our services, encouraging a culture of continuous improvement and quality assurance.

We believe that a measure of the quality of our services can be taken from the recognition we have received from national bodies.

Our services have been recently nominated and won a number of prestigious awards, in addition to attaining highly regarded certifications and accreditations across the organisation, including Lexcel, ISO9001, ISO14001, ISO27001, OHSAS18001, Customer Service Excellence and STS Food Safety.

Examples of Best Practice

- Wales Quality Centre success in Excellence - Most Improved Organisation and Sustained Use of the Business Excellence Model.
- Accounts Payable scoop Team of the Year at the Government Opportunities Awards.
- Procurement Services Sustainable Development Group shortlisted for NHS Sustainability Day Awards.
- Legal and Risk's Employment Team Shortlisted for Wales Legal Awards' prestigious In-House Legal Team of the Year Award.
- Public Sector Paperless Awards nomination for Legal and Risk's Virtual Cabinet document management system.



OUR STAFF



To have an appropriately skilled, productive, engaged and healthy workforce resourced to meet service needs.



Staff Recognition

Our Staff Recognition Awards highlight and celebrate staff achievement and contributions across the diverse range of services provided to the wider NHS Wales, showing appreciation for a job well done and publicly recognising the dedication to our staff. They also reflect our cross-partnership working with Trade Union colleagues, as well as the promotion of culture within NWSSP.

The prestigious award categories include Working Together, Listening and Learning, Innovating and Taking Responsibility, alongside the Managing Director's 'Star' Awards for outstanding contributions in the workplace. The inaugural awards were introduced for partnership working within UNISON and Well-being of Future Generations.

The awards were well received and followed by the opportunity to "Tell It How It Is" in an NHS-wide survey, which aimed to capture honest feedback in order to improve working conditions and overall working life within the NHS. The survey focussed on the themes of staff health and well-being, with broadly positive results, but some actions required to address specific issues within NWSSP, which will enable us to attract and retain our specialist workforce.

A breakdown of our statistics can be found at Appendix A.

Examples of Best Practice

- Schemes such as Apprenticeships, Network 75 and Graduate Management.
- Stay Safe Suspicious Package Training.
- Salary Sacrifice benefits extended for Home Technology, Cycle and Car.
- Promotion of Mental Health and Well-being, Stress Awareness, Personal Resilience and Mindfulness courses.
- Learning and Development opportunities, including in-house training packages, ILM, CIPFA, Welsh and IOSH/NEBOSH qualifications.

SERVICE DEVELOPMENT



To develop and extend the range of high quality services provided to NHS Wales and the wider public sector.



Student Streamlining Success

The scheme was set up to support organisations across NHS Wales to ensure they are assigned the right students, with the right values and right skills in the areas of need, at the right time.

NWSSP aim to provide enhanced opportunities for students to stay and work in Wales upon graduation and create an environment within NHS Wales whereby students feel more aligned with Welsh Services, the Welsh agenda and secure jobs to ultimately stay in Wales.

Students submit a single application to a central site, known as the Matching Scheme. Students shortlist 4 top preferences of all vacancies in Wales.

The results from the Student Nurse cohort (graduating March 2019) found that 97% of students that using the Scheme obtained their top 4 preference:

- 1st Preference - 88.70%
- 2nd Preference - 8.70%
- 3rd Preference - 1.74%
- 4th Preference - 0.87%

Examples of Best Practice

- Successful roll-out of PROMPT programme for multi-professional obstetric training across NHS Wales.
- Compendium of NHS Wales Primary Care roles and models launched.
- Specialist Estates Services released Building for Wales Framework.
- Salary Sacrifice benefits extended to include access to vehicles, bicycles and home technology schemes.
- Legal and Risk Services named operators of new General Medical Practice. Indemnity Scheme by Welsh Government.

VALUE FOR MONEY

To develop a highly efficient and effective shared services organisation, which delivers real-term savings and service quality benefits to its customers.

**Legal and Risk Services**

Legal and Risk Services act on behalf of NHS Wales organisations and have a specialist understanding of the legal, administrative and policy issues which affect the operation of NHS Wales.

They are committed to providing a high quality, cost-effective and comprehensive legal service, specific to client's needs and expectations. Core work of clinical negligence and general advice is not directly charged to clients. Other legal work, including personal injury and employment, is charged at cost.

In using their expert knowledge, skills and experience of the Putting Things Right Scheme in Wales, the service worked with the Civil Justice Committee to develop a Fixed Recoverable Scheme for low value Clinical Negligence claims, up to the value of £25,000, in order to reduce cost of claims.

On average, hourly rates for the Legal & Risk solicitors are £35 lower than commercial legal firms on the NPS Framework. Investment in more in-house legal expertise increased the hours provided by 43% compared to 2016/17, and resulted in a saving of in excess of £1m to NHS Wales.

Examples of Best Practice

- Generation of £2 million in savings which were invested back into Health Boards and Trusts.
- Local Counter Fraud Service achieved successful results for a number of high profile cases across NHS Wales.
- Community Benefits realised through Procurement Services sustainable contracting model.
- Acquisition of Imperial Park warehouse and storage facility to support Brexit preparedness.

Governance Framework

Our Governance and Assurance Framework is comprised of two main Committees that scrutinise, assess risk and monitor performance, namely the Shared Services Partnership Committee (SSPC) and Velindre University NHS Trust Audit Committee for NWSSP (Audit Committee).

There are three Sub-Committees/Advisory Groups, being Welsh Risk Pool Committee, All Wales Medical Consumables & Devices Strategy Group and ESR Programme Group.

Committee papers are available online [here](#).

Shared Services Partnership Committee (SSPC)

The Partnership Committee membership includes an independent Chair, Managing Director of Shared Services and either the Chief Executive or a nominated representative, who acts on behalf of each NHS Wales Health Board or Trust. The Partnership Committee ensures that NWSSP consistently follows the principles of good governance, maintains oversight of development of systems and processes for financial and organisational control, governance and risk management.

Velindre University NHS Trust Audit Committee for NWSSP (Audit Committee)

The role of the Audit Committee is to review and report effective operation of overall governance and the internal control system (including risk management, operational compliance controls and related assurances that underpin the delivery of objectives). standards of good governance.

System of Internal Control

Our system is designed to manage risk to a reasonable level, rather than to eliminate all risks of failure. Therefore, it can only provide reasonable and not absolute, assurance of effectiveness. The system is based on a process that identifies and prioritises risks, evaluates the likelihood of those risks being realised and manages the impact that they would have, efficiently, effectively and economically.

Annual Governance Statement

The Statement is a key feature of our performance report, demonstrating our management and control of resources during 2018-19 and the extent to which we complied with our own governance requirements. It brings together all disclosures relating to governance, risk and control.

The Head of Internal Audit provides an annual opinion on the adequacy and effectiveness of the risk management, control and governance processes, which was reasonable assurance for 2018-19. As a hosted organisation, the Statement also forms part of Velindre University NHS Trust's Annual Report and Accountability Arrangements.



Financial Management of our Budget

NWSSP provides support to all NHS bodies across Wales and as such must use the budget allocated to meet the running costs with a requirement to break even each year.

In addition, NWSSP has a target to distribute savings of £0.75m a year to health bodies across Wales. As well as ensuring revenue spend is within limits, there is also requirement to ensure any capital spend is within the Capital Expenditure Limit provided by Welsh Government.

Finally, the Public Sector Payment Policy (PSPP) requires NWSSP to pay invoices to non-NHS suppliers within 30 days of an invoice being issued or the goods received.

During 2018-19 we achieved all our financial performance target and exceeded our savings target and were able to distribute £2 million savings to NHS Wales.

Financial Position and Key Targets	Target	Actual
Financial Position – Forecast Out-turn	Break even	£14k surplus
Capital Financial Position	Within Capital Expenditure Limit	Achieved
Distribution of Savings	£0.75m	£2.00m
NWSSP Public Sector Pay Policy %	95%	99%

Income

The income received to support the services of NWSSP within the 2018-19 financial year is outlined in the table below.

Income Received during 2018-19	£000's
Welsh Government	232.8
Welsh Health Bodies	67.6
Other	7.8
Total	308.2

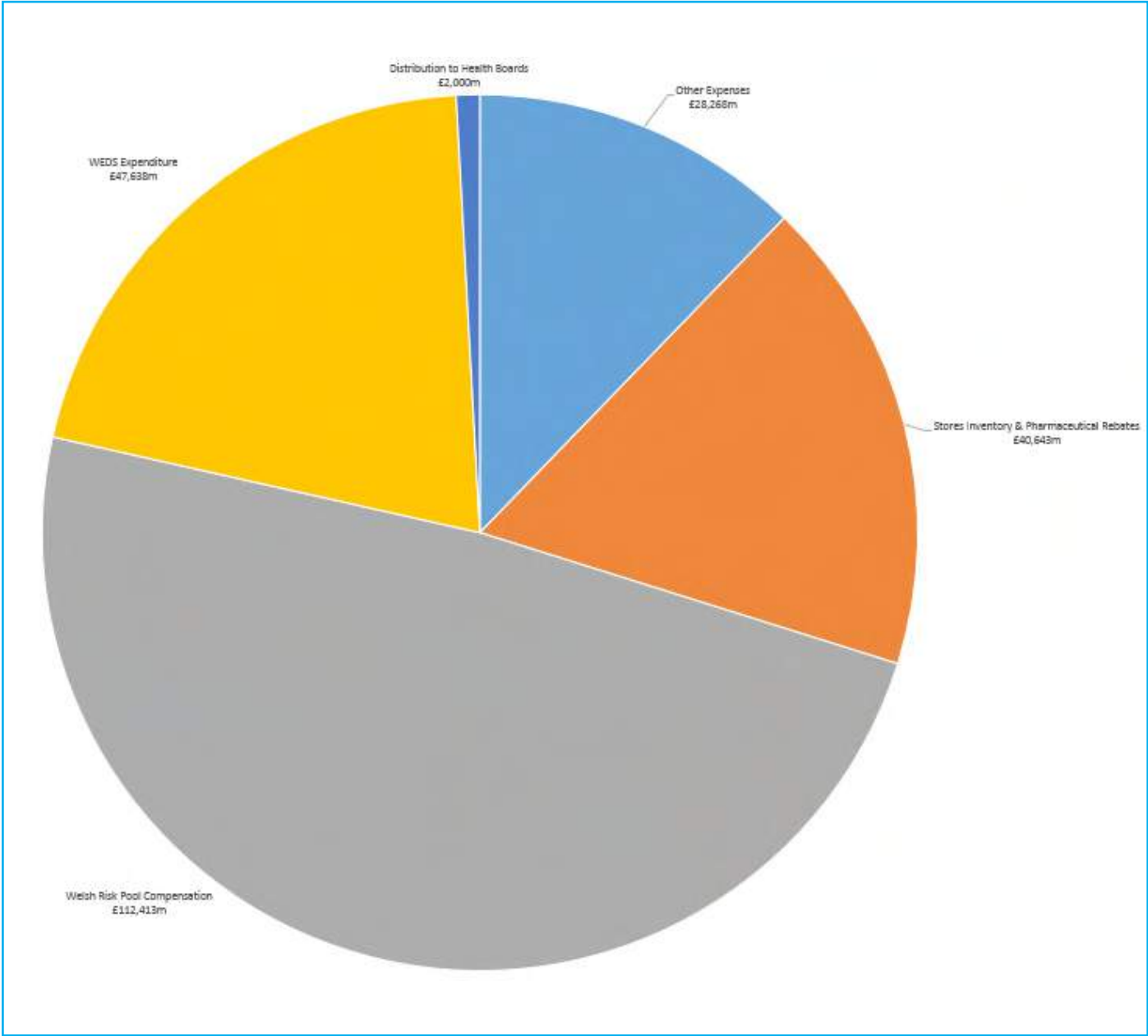
Revenue Spend

During the 2018-19 financial year, total expenditure was £308m, of which £77m was spent on pay costs, with £231m being spent on non-pay costs. Spend on bank and agency staff is generally in relation to the covering of vacant posts or long term vacancies, but is minimised as much as possible.

Pay Spend

	£M
Pay	75.8
Bank	0.7
Agency	0.7
Total	77.2

Non-Pay Spend



This chart details all Non-Pay expenditure, with the category of 'Other Expenses' detailed in full below.

Other expenses	28.3
Stores Inventory & Pharmaceutical Rebates	40.7
Welsh Risk Pool Compensation	112.4
WEDS Expenditure	47.6
Distribution to Health Boards	2.0
Total	231.0
Staff Costs Total	77.2
Total Costs	308.2

Capital Investments

During the 2018-19 financial year, a total of £13.960m has been invested by NWSSP in a wide range of projects. Most of this funding (£11.458m) has been invested in a new warehouse in South East Wales which is currently being used to prepare for a no deal Brexit.

In addition, NWSSP invested nearly £1m in the IT estate and infrastructure. It also spent £1.25m as part of the Health Courier Service (HCS) replacement vehicles 2018-19 capital scheme. Since the transfer of HCS into NWSSP from the Welsh Ambulance Service Trust in 2015, much of the fleet has aged, and are significantly high in mileage relying on maintenance to extend the life of the vehicles.

This capital spend has allowed HCS to start the vehicle improvement programme to modernise the way its services support front line services and improving efficiency and developing in line with the changing needs of Health Board Partners across Wales.

In 2018-19 the capital allocation enabled HCS to purchase 38 vehicles, and outline plans have now been devised to oversee a rolling programme to replace the aged HCS fleet.

Capital Spend

	£M
IT	0.998
Vehicles	1.251
Facilities	0.253
Imperial Park Warehouse	11.458
Total	13.960



Key Performance Indicators

The table below outlines our key performance indicators and targets.

High Level KPI's and Targets	Frequency	2018-19 Actual	2018-19 Target
Internal Indicators			
Corporate			
Financial Position – Forecast Out-turn	Monthly	£13K	Break even
Capital Financial Position	Monthly	Within CRL	Within CRL
Planned Distribution (£m)	Annual	£2m	£0.75m
NWSSP PSPP %	Monthly	98%	95%
NWSSP Org KPIs Recruitment			
Time to Approve Vacancies (days)	Monthly	10	10
Time to Shortlist by Managers (days)	Monthly	8	3
Time to notify Recruitment of Interview Outcome (days)	Monthly	4	3
Workforce			
Staff Sickness	Cumulative	3.91%	3.30%
PADR Compliance	Monthly	81.80%	85%
Statutory and Mandatory Training	Monthly	94.26%	85%
Agency % to Date	Cumulative	1.18%	<0.8%
External Indicators			
Professional Influence			
Professional Influence Savings	Cumulative	£110m	£100m
Procurement Services			
Procurement savings *Current Year	Cumulative	£31m	£11m
All Wales PSPP	Quarterly	95.85%	95%
Accounts Payable % Calls Handled (South)	Monthly	98.6%	95%
Employment Services			
Payroll accuracy rate (Added Value)	Monthly	99.72%	99%
All Wales Org KPIs Recruitment			
Time to Approve Vacancies (days)	Monthly	9	10
Time to Shortlist by Managers (days)	Monthly	7	3
Time to notify Recruitment of Interview Outcome (days)	Monthly	4	3



High Level KPI's and Targets	Frequency	2018-19 Actual	2018-19 Target
Internal Indicators			
All Wales Org NWSSP KPIs Recruitment Element			
Time to Place Adverts (days)	Monthly	1	2
Time to Send Applications to Manager (days)	Monthly	1	2
Time to Send Conditional Offer Letter (days)	Monthly	4	4
Recruitment % Calls Handled	Monthly	97.7%	No Target
Primary Care Services			
Payments made accurately and to timescale	Monthly	100%	100%
Prescription - keying accuracy rates	Monthly	99.65%	99%
Internal Audit (as at 05/2019)			
Audits reported % of planned audits	Cumulative	98%	100%
Report turnaround management response to draft report (15 days)	Cumulative	68%	80%
Report turnaround draft response to final reporting (10 days)	Cumulative	99%	80%
Legal and Risk Services			
Timeliness of advice acknowledgement - within 24 hours	Monthly	100%	99%
Timeliness of advice response – within 3 days or agreed timescale	Monthly	99%	99%
Welsh Risk Pool Services			
Acknowledgement of receipt of claim	Monthly	100%	100%
Valid claims received within deadline processed in time for next WRP Committee	Monthly	100%	100%
Claims agreed paid within 10 days	Monthly	100%	100%

The table above outlines performance against our high level KPIs and targets for the period 2018-19. In addition, each division has their own set of indicators as part of their Service Delivery Plans outlined in our Integrated Medium Term Plan (IMTP).

Work will continue during 2019-20 to develop an updated Performance Framework to bring together KPIs that highlight our strategic performance, as well as the inputs and outputs needed to achieve this.

We will continue to provide case studies and other qualitative means to demonstrate our performance.

Where targets have not been met for the financial year 2018-19, an overview of how we are addressing performance going forward, is set out below.

Recruitment KPIs

<i>Time to Shortlist by Managers (days)</i>	Target 3	Actual 8 (NWSSP)
	Target 3	Actual 7 (NHS Wales)
<i>Time to Notify Recruitment of Interview Outcome (days)</i>	Target 3	Actual 4 (NWSSP)
	Target 3	Actual 4 (NHS Wales)

- Employment Services will continue to work with and engage organisations across NHS Wales in order to improve recruitment performance times.

NWSSP Workforce KPIs

<i>Staff Sickness</i>	Target 3.30%	Actual 3.91%
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- Workforce and Organisational Development are continuing to provide support the health and well-being of our staff. We are currently piloting the introduction of a mental health first aider to signpost and support both line managers and staff in the workplace. In the last 12 months, we have delivered Managing Attendance at Work training to half of our managers within NWSSP.

<i>PADR Compliance</i>	Target 85%	Actual 81.80%
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- At directorate management meetings we regularly review compliance with PADRs for all areas, focussing attention on those who are outside of compliance.

<i>Agency % to Date</i>	Target <0.8%	Actual 1.18%
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- Workforce and OD are working with directorates to reduce agency spend across the organisation, through improved utilisation of NWSSP's bank workers, recruitment initiatives and robust succession planning along with a focus on recruitment and retention.

NHS Wales Internal Audit KPIs

<i>Audits Reported % of Planned Audits</i>	Target 80%	Actual 99%
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- Internal Audit work was undertaken during the period June 2018 to May 2019, which was outside of alignment with the reporting cycle for the financial year. The annual audit opinions were given during May and therefore we have reported the activity as at May 2019, which reflects the annual audit cycle.

<i>Turnaround Management Response to Draft Report (15 days)</i>	Target 80%	Actual 68%
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- Turnaround responses are discussed directly with Health Boards and Trusts and delays are reported to Audit Committees. Performance was reported as at May 2019, reflecting the annual audit cycle.



Looking Forward

NWSSP can influence change and help support our customers and partners in NHS Wales. Our 2019-22 Integrated Medium Term Plan (IMTP) captures the key policies that apply to NHS Wales we have worked to A Healthier Wales, the Well-being of Future Generations Act and Prudent, Value-based Healthcare into our business as usual activities. We aim to improve what we do well and look for opportunities to expand our services.

By focusing on the policy landscape and what our customers and partners need, we have established six key themes that we will deliver over the lifecycle of the IMTP. These themes are described below.

1. Supporting the delivery of sustainable Primary Care

We will help create the environment for A Healthier Wales and to pro-actively support a modern primary care and social care system.

2. Enhancing service and customer support

We will look to continuously improve the service we provide to our customers and partners that helps deliver better outcomes to their resident population and staff.

3. Once for Wales opportunities for service delivery

We will continue to explore opportunities for NHS Wales to achieve economies of scale, standardisation where appropriate and provide more cost effective processes and high quality services.

4. Sharing best practice and informing decisions

We will continue to understand our customer's and partner's needs and sharing best practice and opportunities for improvement with them.

5. NWSSP going from strength to strength

We will continue to ensure that we are supporting our own staff, customers and partners in the most effective and efficient way. We will continue to deliver a financially balanced plan, which includes delivering savings back to NHS Wales.

6. Supporting major capital projects

We will continue to support major capital projects by providing professional and technical advice to support NHS Wales.

To ensure that we deliver against these themes, it is key that we have suitable resources in place and that we receive an appropriate allocation of capital funding.

Brexit may mean that we will need to be more reactive with our services and resources in the short term, which will impinge on our ability to deliver some of our planned initiatives and services.



Our Roadmap 2019-20

In the table, we have set our large service developments over the next three years against our six key delivery themes. This demonstrates how we are helping NHS Wales meet its strategic objectives in a key support role, encouraging learning and the adoption of Once for Wales.

Supporting the delivery of sustainable primary care

- Deliver hire to retire service providing digital platforms.
- Alignment of GP Trainees to substantive posts within sector through streamlining programme.
- Development of the 19 primary care pipeline schemes.
- PMR – Store and Scan on Demand.
- Redesigned performers lists.
- Implementation of home care and community care supply.
- Extend Certificate of Sponsorship licensing.

Once for Wales opportunities for service delivery

- Explore the benefits of the development of a National Distribution Centre.
- Provide a single pathway for Medical and Dental Trainees.
- Expand the Lead Employer offering.
- Extend 'Train.Work.Live' to Allied Health Professionals.
- All Wales Laundry Service launched.
- Deliver GP Indemnity Scheme.
- TRAMS.
- Establish Medical Examiners Service covering secondary care.

Sharing best practice

- Benchmarking Primary Care Services with NHS Digital.
- Hire to Retire efficiencies with NHS Improvement England.
- Customer relationship management approach.
- Support Welsh Government Workforce Delivery Unit.
- 'Putting things right'.

NWSSP going from strength to strength

- Develop marketing strategy.
- Develop agile working strategy and start implementation.
- Embed continuous improvement approach.
- Review customer contact and streamline.
- Embed updated Performance Management Framework.



Enhancing system support and customer support

- Maximising use of technology to release time in clinical areas.
- Reduce recruitment timeline.
- Standardisation of pay elements to improve pay bill data.
- Enhanced legal case management.
- Extend Student Streamlining to all healthcare graduates.
- Integration of supply chain and HCS.

Supporting major capital and transformation programmes

- Support the delivery of the new Grange Hospital.
- Migration of staff enabling Bridgend Boundary Changes.
- Supporting the new Velindre Cancer Centre.
- A Healthier Mid and West Wales.



CONTACT US

Thank you for reading our Annual Review 2018-19. If you would like to comment on this publication, you may contact us in the following ways:

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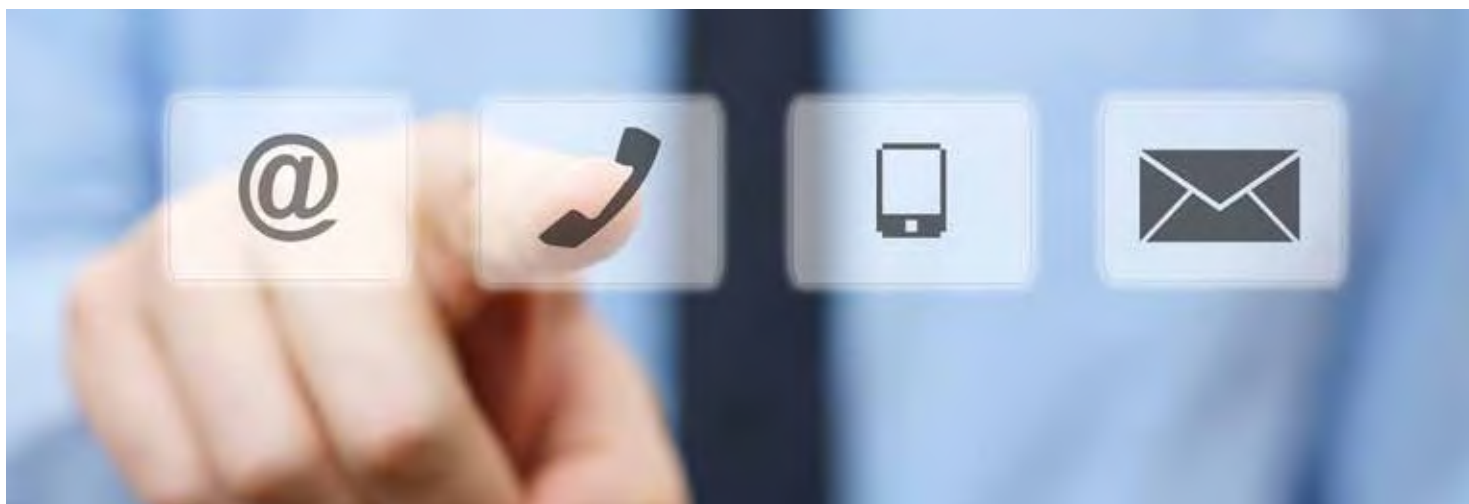
SOCIAL MEDIA

- Website: www.nwssp.wales.nhs.uk
- Twitter: [@nwssp](https://twitter.com/nwssp)
- LinkedIn: [NHS Wales Shared Services Partnership](https://www.linkedin.com/company/nwssp)
- YouTube: [NHS Wales Shared Services Partnership](https://www.youtube.com/channel/UCvKjKjKjKjKjKjKjKjKjKjKj)

FURTHER INFORMATION

If you require additional copies of this document, it can be downloaded in both English and Welsh versions from our website; www.nwssp.wales.nhs.uk

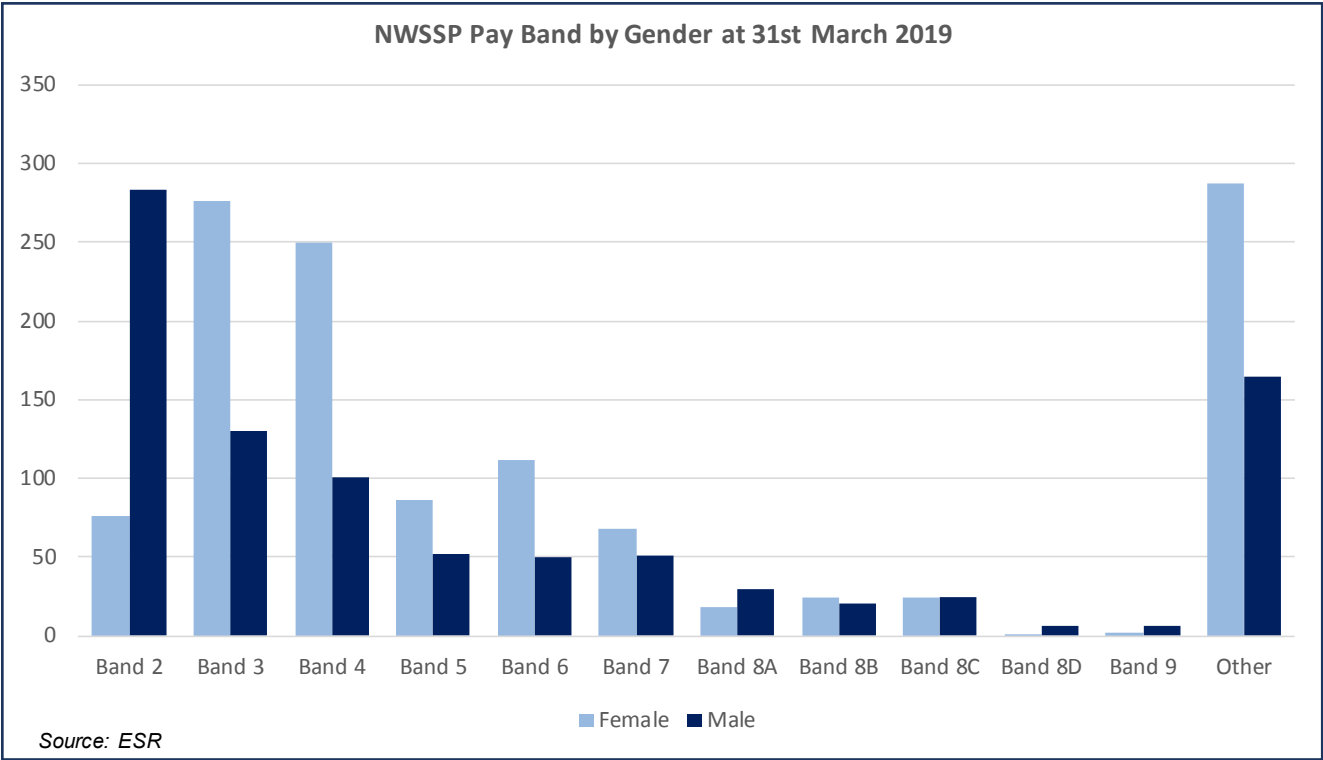
Alternatively, if you require the document in an alternative format, we can provide a summary of this document in different languages, larger print or Braille (English only) please contact 01443 848585.



A breakdown of our diverse workforce profile, as at 31 March 2019, is set out below. Where reference is made to the categories of "unspecified", no data is currently held for the data field; "not disclosed", a response has not been entered into the data field; "other" relates to GP Trainees who are captured within our staff in post figures.

NWSSP Staff in Post at 31st March 2019		
Directorate	Headcount	FTE
Audit & Assurance Section	57	54.49
Corporate Section	48	46.46
Counter Fraud Section	7	7.00
Digital Workforce Solutions Section	12	12.00
E-Business Central Team Section	13	11.12
Employment Section	351	321.04
Employment Services	14	13.79
Management Service		
Expenses Services	20	17.05
Payroll Services	178	161.20
Pension Services	37	34.71
Recruitment Services	89	82.11
Student Awards Services	13	12.19
Finance Section	22	20.92
GP Trainees Section	445	401.10
Legal & Risk Section	106	97.32
Primary Care Section	298	274.39
Engagement & Support Services	67	64.37
Modernisation & Technical Services	30	28.38
PCS Management Services	4	4.00
Transaction Services	197	177.65
Procurement Section	702	665.19
Accounts Payable Services	114	108.63
Corporate Procurement Services	14	11.39
E-Enablement Services	18	18.00
Health Courier Service	157	139.79
Local Procurement Services	127	121.42
Sourcing Services	104	99.96
Supply Chain Services	168	166.01
Specialist Estates Section	43	41.51
Surgical Materials Testing (SMTL) Section	20	18.52
Welsh Employers Unit Section	4	3.80
Workforce & OD Section	20	19.32
Total	2,148	1,994
Source: ESR		

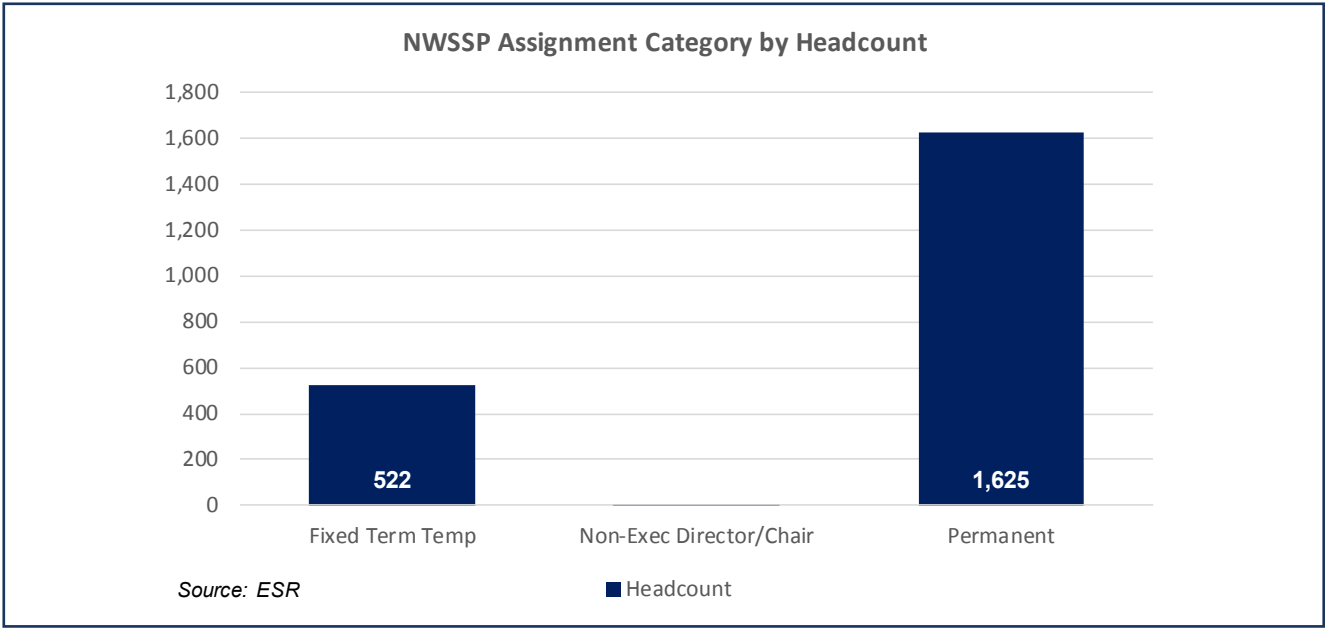




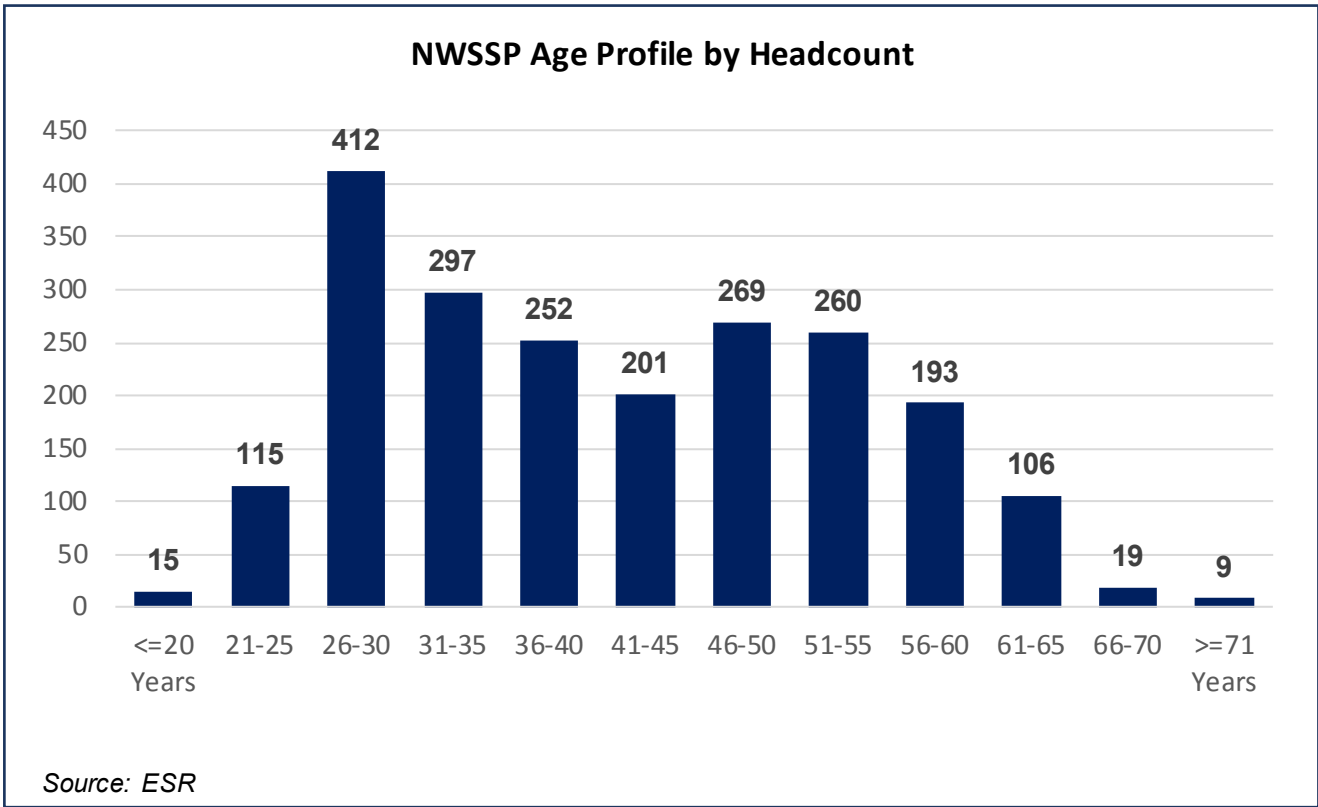
NWSSP Pay Band by Gender at 31st March 2019

	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Other
Female	76	276	250	87	112	68	18	25	25	1	2	288
Male	283	130	101	52	50	51	30	21	25	6	6	165
Grand Total	359	406	351	139	162	119	48	46	50	7	8	453

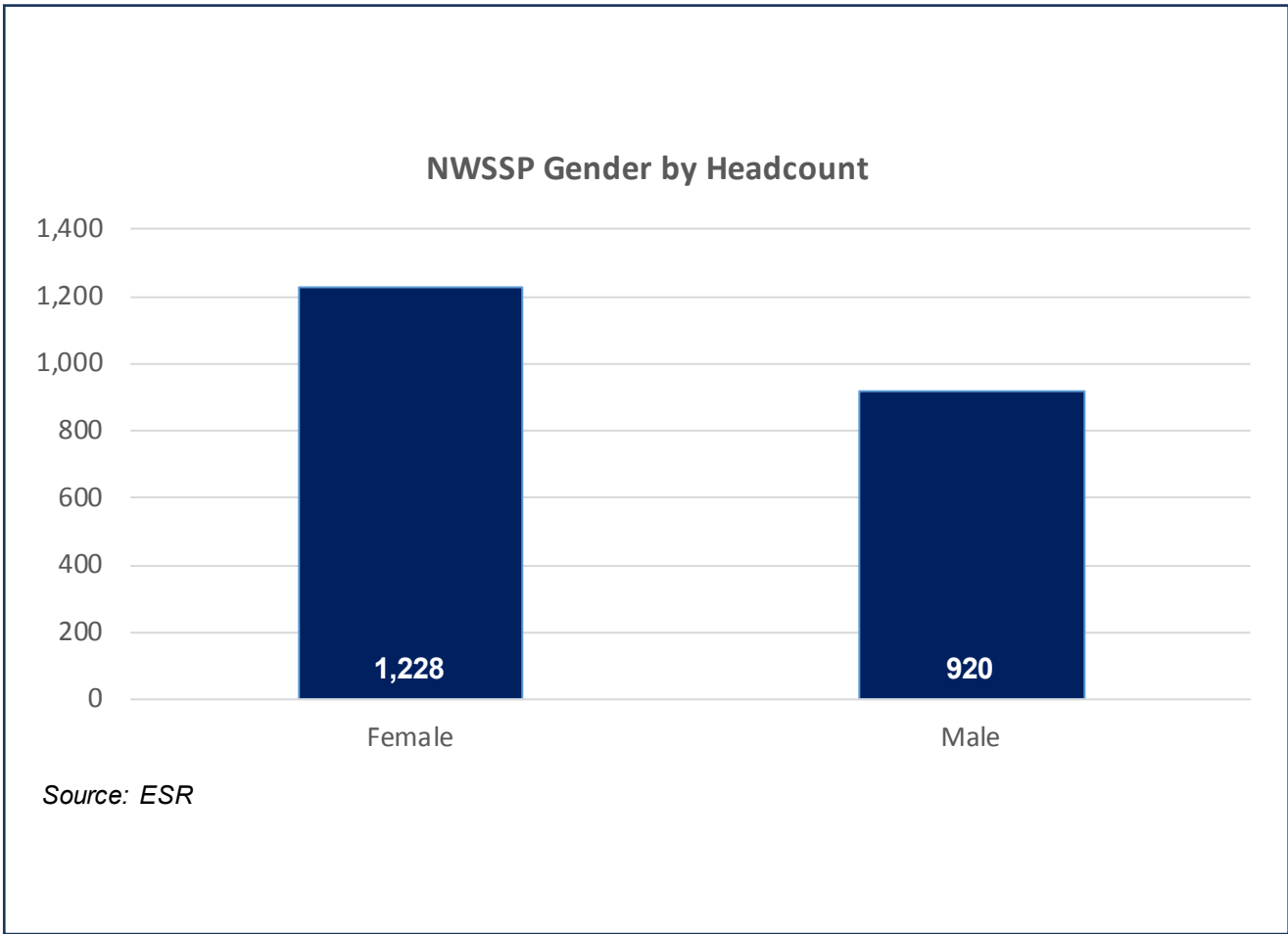




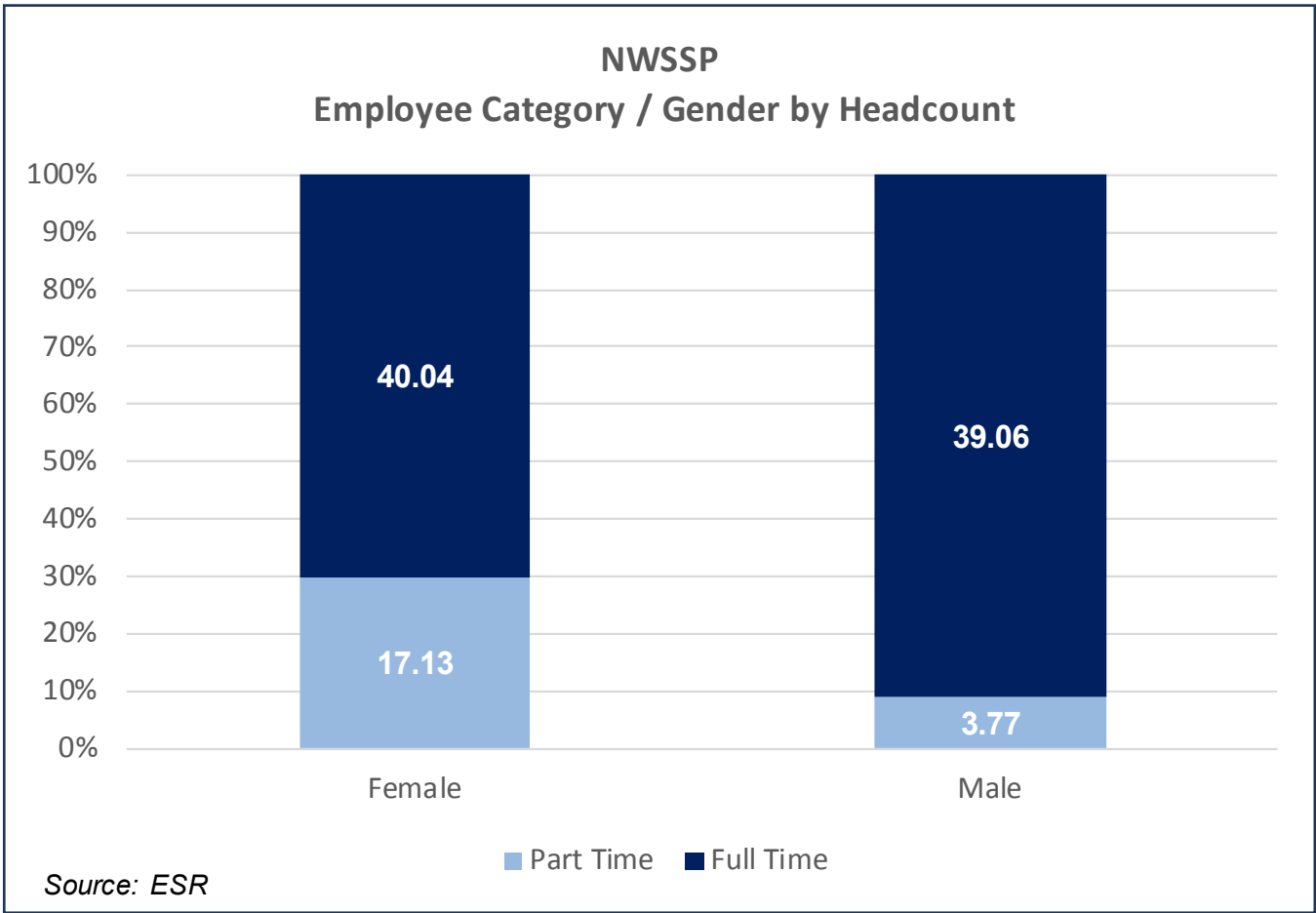
Assignment Category	Headcount	%	FTE
Fixed Term Temp	522	24.30	471.67
Non-Exec Director/Chair	1	0.05	1.00
Permanent	1,625	75.65	1521.52
Total	2,148	100.00	1994.18



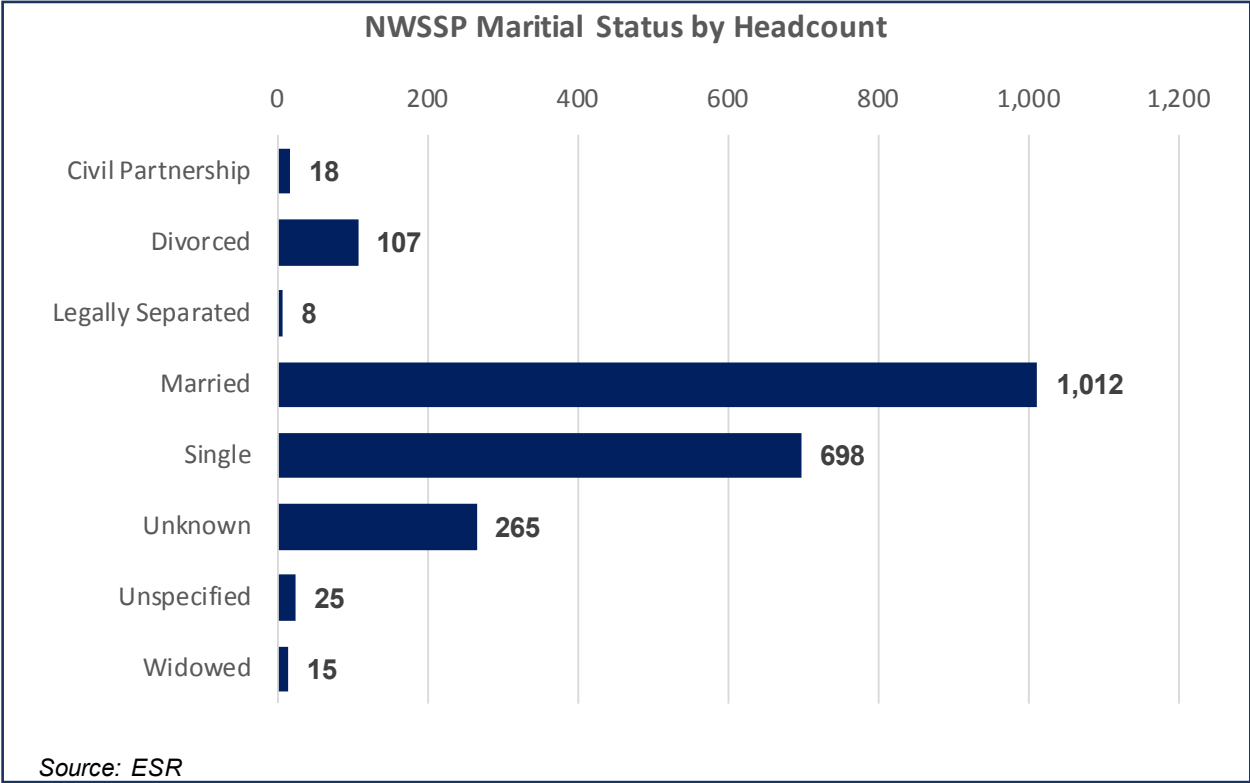
Age Band	Headcount	%	FTE
<=20 Years	15	0.70	14.80
21-25	115	5.35	111.61
26-30	412	19.18	395.61
31-35	297	13.83	267.37
36-40	252	11.73	227.47
41-45	201	9.36	185.17
46-50	269	12.52	254.02
51-55	260	12.10	245.18
56-60	193	8.99	181.11
61-65	106	4.93	93.49
66-70	19	0.88	12.95
>=71 Years	9	0.42	5.42
Grand Total	2,148	100.00	1994.18



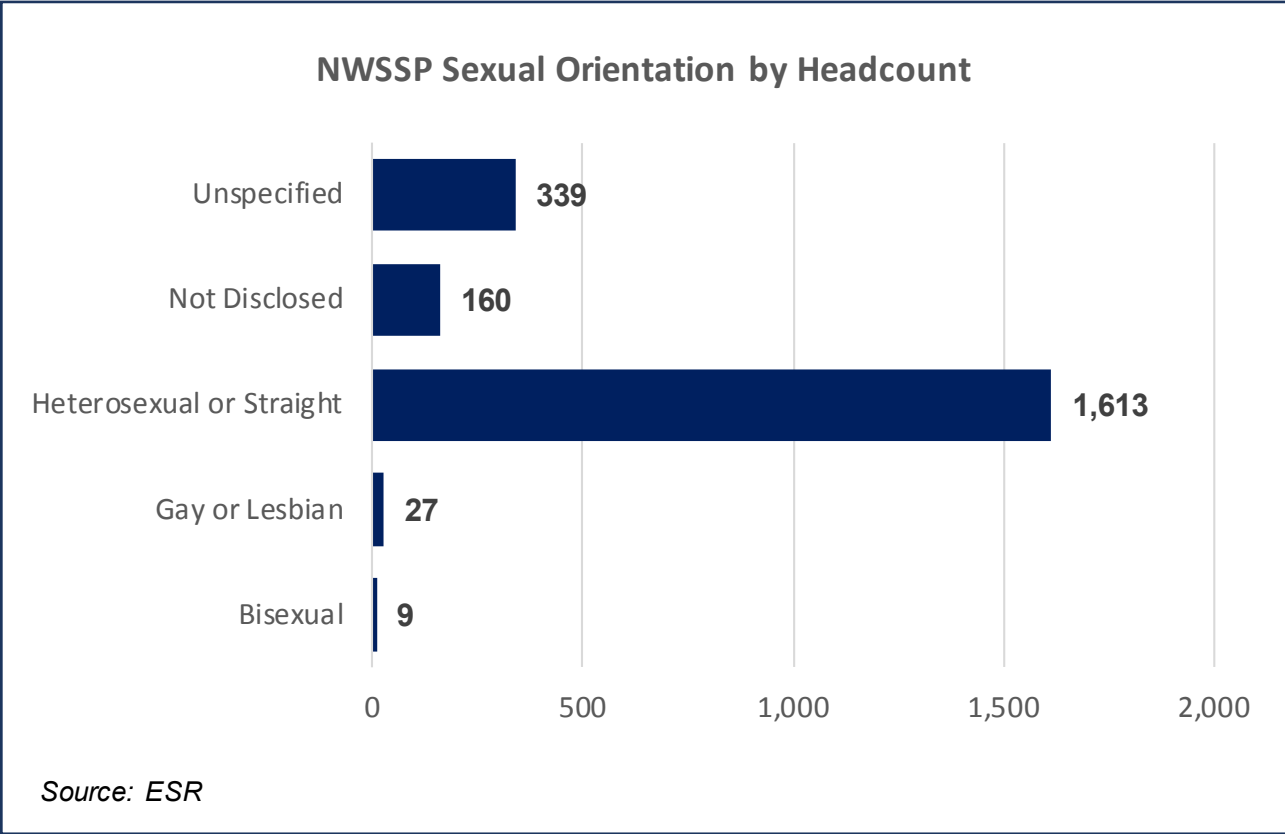
Gender	Headcount	%	FTE
Female	1,228	57.2	1103.72
Male	920	42.8	890.046
Total	2,148	100.00	1994.18



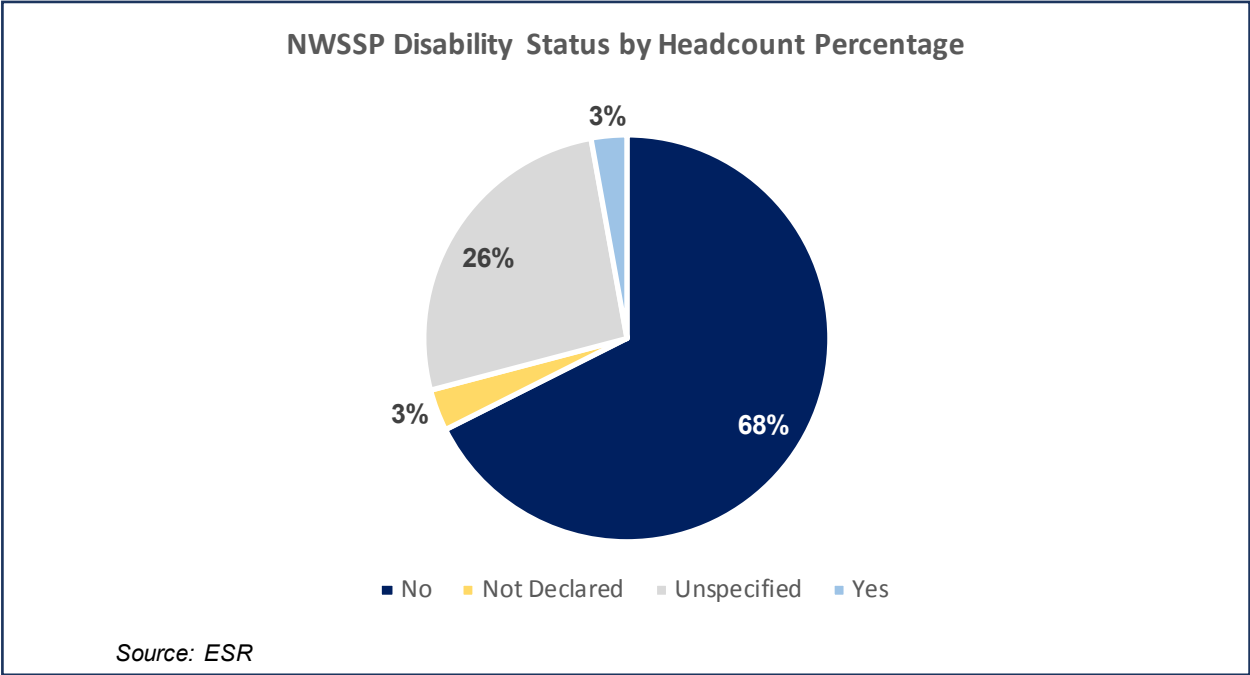
	Female	Male
Part Time	17.13	3.77
Full Time	40.04	39.06



NWSSP Marital Status by Headcount			
Marital Status	Headcount	%	FTE
Civil Partnership	18	0.84	16.81
Divorced	107	4.98	100.91
Legally Separated	8	0.37	7.10
Married	1,012	47.11	914.28
Single	698	32.50	661.84
Unknown	265	12.34	257.47
Unspecified	25	1.16	22.40
Widowed	15	0.70	13.37
Grand Total	2,148	100.00	1994.18



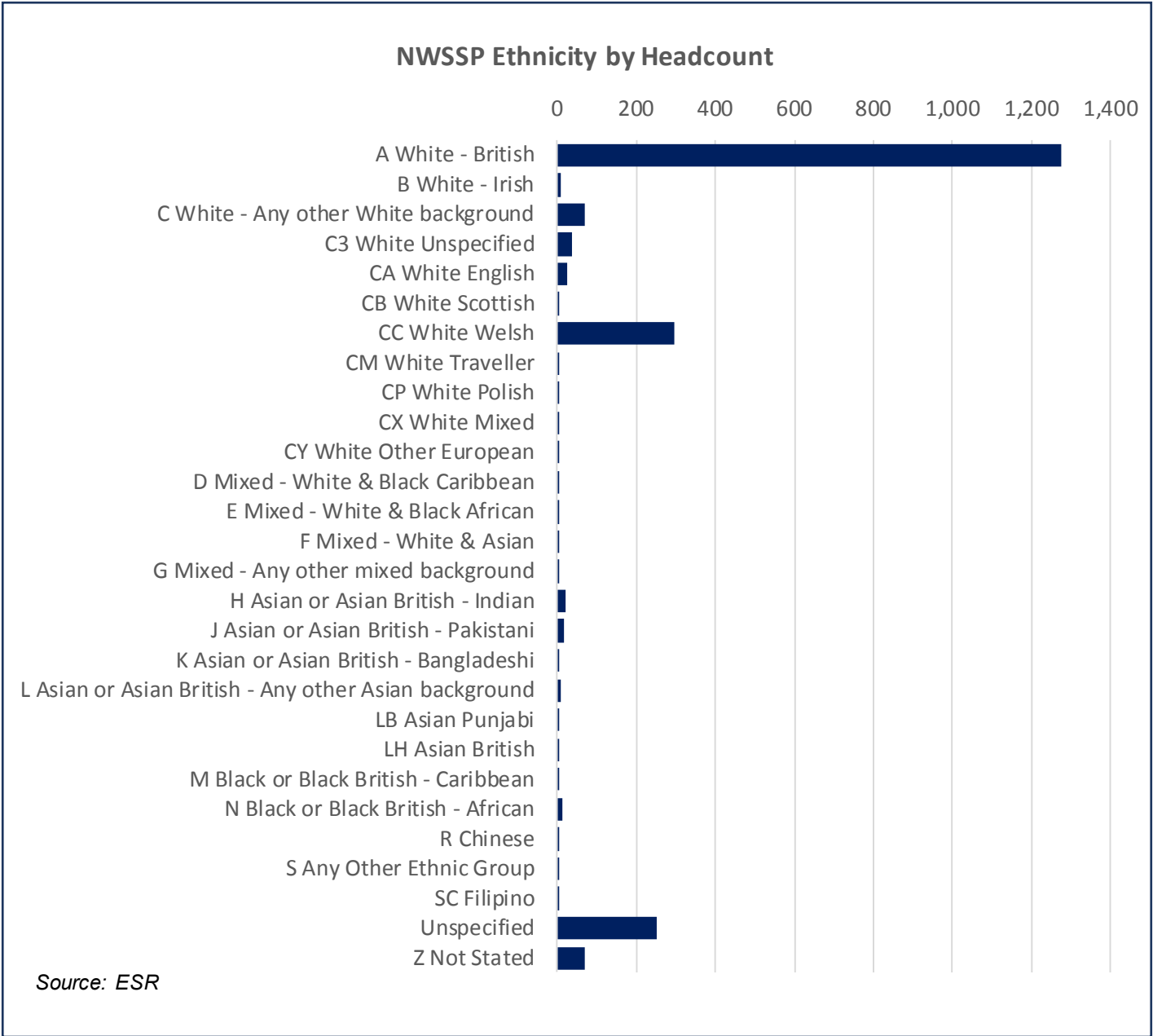
NWSSP Sexual Orientation by Headcount			
Sexual Orientation	Headcount	%	FTE
Bisexual	9	0.42	8.40
Gay or Lesbian	27	1.26	25.24
Heterosexual or Straight	1,613	75.09	1518.57
Not Disclosed	160	7.45	148.77
Unspecified	339	15.78	293.21
Grand Total	2,148	100.00	1994.18

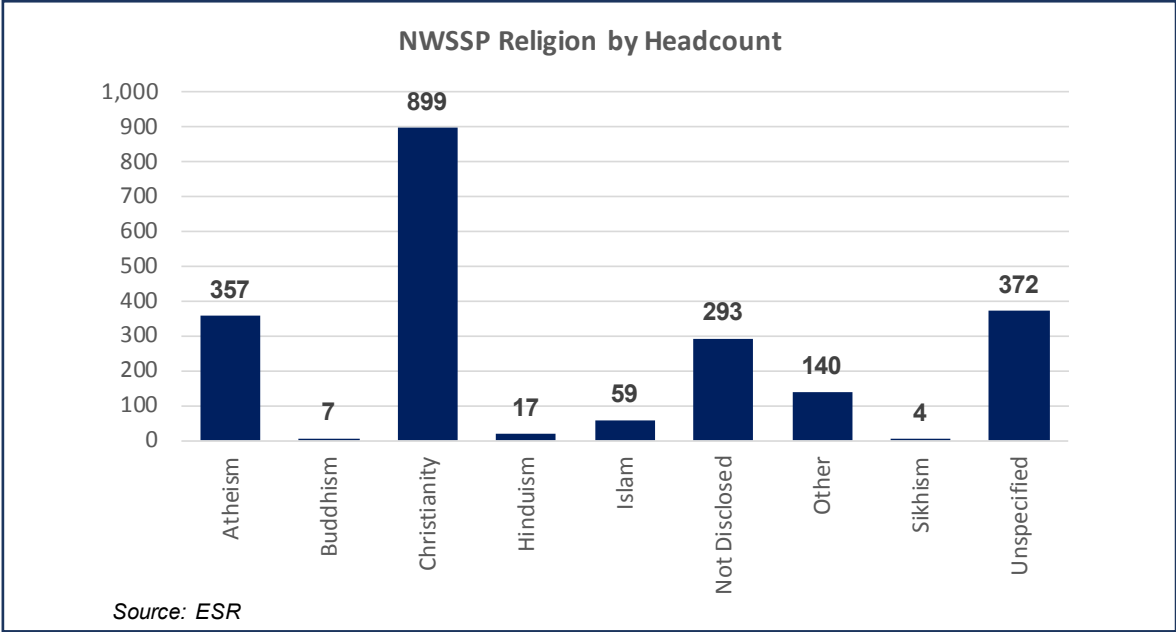


Disability Flag	Headcount	%	FTE
No	1,452	67.6	1359.16
Not Declared	71	3.3	64.27
Unspecified	564	26.3	512.92
Yes	61	2.8	57.83
Total	2,148	100.0	1994.18

NWSSP Ethnicity by Headcount			
Ethnic Group	Headcount	%	FTE
A White - British	1,276	59.40%	1190.82
B White - Irish	9	0.42%	7.40
C White - Any other White background	69	3.21%	65.43
C3 White Unspecified	37	1.72%	34.01
CA White English	25	1.16%	22.38
CB White Scottish	3	0.14%	3.00
CC White Welsh	297	13.83%	274.80
CM White Traveller	1	0.05%	1.00
CP White Polish	1	0.05%	1.00
CX White Mixed	1	0.05%	1.00
CY White Other European	4	0.19%	2.67
D Mixed - White & Black Caribbean	2	0.09%	1.50
E Mixed - White & Black African	2	0.09%	2.00
F Mixed - White & Asian	3	0.14%	3.00
G Mixed - Any other mixed background	6	0.28%	5.50
H Asian or Asian British - Indian	21	0.98%	19.03
J Asian or Asian British - Pakistani	19	0.88%	17.10
K Asian or Asian British - Bangladeshi	7	0.33%	5.89
L Asian or Asian British - Any other Asian background	10	0.47%	9.10
LB Asian Punjabi	1	0.05%	1.00
LH Asian British	1	0.05%	1.00
M Black or Black British - Caribbean	5	0.23%	4.75
N Black or Black British - African	15	0.70%	14.60
R Chinese	4	0.19%	3.46
S Any Other Ethnic Group	5	0.23%	5.00
SC Filipino	2	0.09%	2.00
Unspecified	253	11.78%	232.31
Z Not Stated	69	3.21%	63.44
Grand Total	2,148	100.00%	1994.18







Religious Belief	Headcount	%	FTE
Atheism	357	16.62	340.06
Buddhism	7	0.33	6.59
Christianity	899	41.85	837.94
Hinduism	17	0.79	14.70
Islam	59	2.75	54.49
Not Disclosed	293	13.64	278.79
Other	140	6.52	132.37
Sikhism	4	0.19	3.33
Unspecified	372	17.32	325.91
Grand Total	2,148	100.00	1994.18



NWSSP SUSTAINABILITY REPORTING NARRATIVE 2018-19

Calculation of costs based on consistent approach with previous years; baseline cost applied to all sites due to scope of availability (i.e. leased and hosted sites within HBs, etc).

British Gas day rate applied for electricity and gas, all costs excluding VAT. Waste expenditure calculated based on Velindre methodology of 1.43kg per recycled bag @ 0.94p per kg / 2.3kg per landfill bag @ 0.80p per kg.

Comments and notes can be found throughout the carbon footprint recording documentation included as evidence for sampling by NWSSP Internal Audit.

Regarding water and waste figures, the final totals incorporate all sites. As we had a number of new sites included in our certification last year, for which we were establishing baseline reporting, to include a mid-year extension to scope, this reflects the increase shown.

In addition to this, Mamhilad site (Brecon/ Cwmbran House) has always been reported as one site and is treated as such under the certification, previously only figures for Cwmbran have been monitored and going forward we will work to establish figures for the site throughout 2019-20. The water has been amended to take the square meterage of the sites into account and the increase in consumption is due to additional sites and staff on the premises.

Business mileage and expenditure data shows claims paid between 1 April 2018 and 31 March 2019. These claims will include travel undertaken before 1 April 2018 and do not include any travel undertaken in the last couple of months of the 2018/19 financial year if claims had not been submitted.

These figures must be treated as a baseline due to the addition of Westpoint to the scope.

Further, the updated approach mitigates the need to extend the deadline for finalising reporting at the end of June 2019, in future years; a welcome alignment with the revision to the Welsh Government timetable for submission.





NWSSP Sustainability Reporting Breakdown 2018-19

Alder House	1	<ul style="list-style-type: none"> No gas on site Electricity -12.86% reduction Savings due to monitor review being undertaken each night for a sample period (turning off screens manually) <ul style="list-style-type: none"> Installation of LED lights and air conditioning efficiency refurbishment project Small increase in usage during August due to extra machinery on site for works
Charnwood Court	2	<ul style="list-style-type: none"> Gas +16.6% increase <ul style="list-style-type: none"> More staff on site and space being used more flexibly to work; relocation from Unit 1 for Local Procurement Team and introduction of ESR Helpdesk Refurbishment works to Ground Floor undertaken over a period of months, to include kitchen refurb, relocation works, building a new room for the pre-employment checks to take place and waiting area A number of issues and faults have occurred with both boilers on site; plans for 2019-20 include installation of 2 new boilers, which will require an updated meter to feed the supply Electricity -3.86% reduction
Matrix House	3	<ul style="list-style-type: none"> No gas on site Electricity +67.61% increase but need to be treated as establishment of a full reporting year's baseline figures, going forward Increase on last year due to relocation to new building and no gas on site. More accurate figures now available which should baseline for the year (Sept 2017 - March 18 / April 2018 - March 19) January increase in electricity usage due to heat setting on climate control system during cold weather
Companies House	4	<ul style="list-style-type: none"> Gas +4.4% increase -From the figures we appear to be using a lot more gas, as more radiators have been installed on all floors. <p>The gas increase in November, when compare to the previous year, which equates to a £215 cost increase compared to the previous year for the NWSSP, when this is apportioned to the space you occupy and this can be attributed to- slightly colder weather than the previous November meaning that the gas boilers has needed to kick to supplement the biomass boiler; CH installing radiators in the NWSSP workspace, which increases the amount of water need to be heated and circulated around the building. (Previously no radiators were in situ and instead a fin based perimeter heating system; Biomass boiler being down for a period of time for servicing. (To note the boiler takes a number of days to cool down before it is safe to be worked upon, during this time 100% gas is used for heating.</p> <p>If you look at the total figures for the same reporting period however you will note that there is an overall cost and kwh reduction in consumption to date when compared to the previous year. This is despite a gas price increase during 2018.</p> <ul style="list-style-type: none"> Electricity -1.90%
Mamhilad	5	<ul style="list-style-type: none"> Estimated data in use and projected to go over target to account for possible increase; awaiting finalised data from Landlord as experiencing availability issues; work stream in progress to address this directly with them to improve accuracy and timely reporting – will be addressed and figures confirmed ASAP Gas 1.84% <ul style="list-style-type: none"> Reduction in use over summer months of gas – colder winter turned up heating on site Electricity +35.42% (over-estimated usage for contingency)
Westpoint Industrial Estate	6	<ul style="list-style-type: none"> Baseline figures for all aspects established during 2018-19 ISO14001:2015 certification obtained in February 2019 Kerosene oil usage reported separately on dashboard – has been built into 2019-20 template
Bridgend Stores	7	<ul style="list-style-type: none"> Gas + 6.85% <ul style="list-style-type: none"> Leaking roof for most part of the year which has had an impact on the figures Electricity is -1.97%
Cwmbran Stores	8	<ul style="list-style-type: none"> Gas achieved -17.52% reduction <ul style="list-style-type: none"> Thermostat adjusted start of financial year in April and was turned off during period June to September 2018 Electricity is -1.64%
Denbigh Stores	9	<ul style="list-style-type: none"> Gas -3.75% Electricity +2.99% <ul style="list-style-type: none"> June- hot spell and more fans and air con was used October- More staff on site in offices and warehouse (HCS) hence more electric used



